MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11238 CERTIFICATE OF DEATH Reg. Dist. No. director, 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND Funeral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest tawn) shauld d. NAME OF HOSPITAL (If not in haspital, give street address d. STREET ADDRESS OR INSTITUTION 4. DATE NAME OF First Middle Last Manth filled DECEASED DEATH Pages (Type or print) 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Manths WIDOWED -DIVORCED [papers. cample 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY death during mast af warking life, even if retired) ond pau after 13. FATHER'S NAME physician 50 remave hayrs INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? Address 72 attending _ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which signed gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Day, Year factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at wark D. m 40, 19__,that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 3 P.M. from the causes and an the date stated above. DIRECTOR: ACTUAL Pe SIGNATURE shauld PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

11214

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL SETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(State)

DATE SIGNED

(State)

Days

(Caunty)

24b. REGISTRAR'S SIGNATURE

Circling S. Kraus

24g. REC'D BY REGISTRAR

e. IS RESIDENCE ON A FARM?

YES NO

Year

19 60

page 0 VS A15 (4) 1SM 9/58

REMOVAL (Specify)

23. EUNERAL DIRECTOR'S SIGNATURE

CHARLES THE RESERVE OF THE STATE OF THE STAT THE RESERVE OF THE PROPERTY OF ACCESS OF THE PARTY OF THE PART the contract of the second of minutes and the second of the ._., CONTRACTOR STATE A PROTECTION OF THE PROPERTY O The state of the same of the s

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY CE	rroll		MARYL		USUAL RESIDENCE () a. STATE Mar	Where decease	d lived. If instituti b. COUNTY	-	to.Cit	
	b. CITY OR TOWN (IF	autside carporate limit	ts, write	c. LENGTH OF STAY IN	V 1Ь	c. CITY OR TOWN (I	If autside carpo	orate limits, write R			-
	RURAL and give new			6yrs.9mos	2908	vs Ral	timore	-	SV	01	-4
		AL (If nat in haspital, gi	ive street		27.0	d. STREET ADDRESS	O ZOMAZO.				RESIDENCE
	Spring	gfield Stat	е Но	spital		340	S. Bor	uldin St.		YE	S NO
3.	NAME OF DECEASED (Type ar print)	Fire	gnes	Middle		Lost Beitz	4. DATE OF DEATH	Octob		Day	Year 19 60
S.	SEX	6. COLOR OR RACE	0	RIED NEVER MARRIED	DE 8. D	ATE OF BIRTH		9. AGE (In years		1 YEAR IF L	INDER 24 HRS.
	70 7 -	171-94-	WIDOW			uly 15, 18	80	last birthday) 80 yrs.	Manths	Days Ho	urs Min.
100	Female USUAL OCCUPATIO	White		KIND OF BUSINESS OR					12 CITI	ZEN OF WH	IAT COUNTRY?
	during mast af warki	ng life, even if retired)	Julie 100.	KIND OF DOSINESS OR	II VOOSTKI			,,			
10	Housework FATHER'S NAME			-	1.	Germany				Ge:	rmany
13.	FAIHER'S NAME					4. MOTHER'S MAIDEN	NAME				
	William H			The state of the s		Amelia	Beitz				
		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	MANT		Add	ress		
L'	No	yes, give wor or dores or se			S	pringfield	Hospi	tal Recor	ds		
		TH [Enter anly one car	use per li	ne far (a), (b), and (c).]	To the W						L BETWEEN
	PART I. DEAT	H WAS CAUSED BY:		Congestive	fod 7m	77.0				2 d	AND DEATH
	442	IMMEDIATE CAUSE (a))	Conference .	Tallu	1.0				, u	ay s
	113	DUE TO									
	Canditians, if an		Hy	pertensive :			rotic (cardiovas	cu-	5 y	ears
	cause (a), stating t			1.	ar di	sease.					
	lying cause last.) (c)									
NO.	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 19. V	VAS AUTOPSY ERFORMED?
CATION	Pneumoni	tisC.B.S	.ass	oc.with sen	ile b	rain disea	se with	h psychot	10	YES	S NO
ĨL.	20a. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	inter nature of injury i	in Part I ar Par	rt II af item 18.	tion.		
CERTI	(IF EITHER, NOTIFY										
	20c. TIME OF INJURY	Manth, Day, Yea	r 204 II	NJURY OCCURRED 2	Oe. PLACE	OF INJURY (Hame, fa	arm. 20f (Cit	v ar tawn)	- 11	Caunty)	(State)
MEDICAL	Haur a.m.		While	Nat while		, street, affice bldg., o		y as tawny	,	caomy	(3,0,0)
Z	p. m.	19	at war	k at wark							
	21. I certify that	(I) (this hospital) attend	led the deceosed f	romSe	pt. 21. 1	1960 . to_	Oct. 9.	, 19_6	Q, that	(I) (we) lost
	saw the decease	ed alive on_Oct	ober	9.19_60 and j	hat deat	h occurred dio:	30PM om	the couses ar	d on the	e dote sto	ted above.
	22a. SIGNATURE	1 0		0 0/1/							22b. DATE
	E. A. S. F. UK	1. Kayn	40 8	IN Wall	11 4	ATTENDING PHYS.	MED.	STAFF PHYS.			TO TO TO
	22c. PHYSICIAN'S	a sugar	VL T	MA ACOLOGO		22d. ADDRESS	DIRECTOR [11113.			10/10/0
	NAME (Type)	J. Raymond	Gla	due. M.D.		Springfi	eld Ho	spital, S	ykesv	ille,	Md.
-	BUDIAL COST										
230	REMOVAL (Specify)	N, 23b. DATE THEREO	1	23c. NAME OF CEMET			-	TION (City, tawn,			(State)
	BURIAL	10-11-6	0	St.Paul F:	LIU	Reiormed	E	altimore		11/1%	
	FUNERAL DIRECTOR'S			ADDRESS			C'D BY REGIS	100	STRAR'S SI		
	William Co	ok, Inc.,	1217	St. Paul S	treet	DATE	OCT 1 3	60	Irihun .	S. Have	4

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11240

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	- 4 ()					
1. PLACE OF DEATH a. COUNTY Ca:	rroll	MARYLAND	2. USUAL RESIDENCE (W		nstitution: Residence bounty Carro	
RURAL and give ne	outside corporate limits, wri arest tawn) Eldersburg	c. LENGTH OF STAY IN 16 7 months		outside corporate limits, v		nearest town)
d. NAME OF HOSPITA OR INSTITUTION P.O.	AL (If not in hospitol, give stress Sykesville		d. STREET ADDRESS P. 0.	Sykesvil	le	e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print)	Frank	Middle S.	BENNET!	4. DATE OF DEATH	Month	Day Year 4 1960
s. sex Male	**** * *	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH November 21	9. AGE (In last bight	years IF UNDER 1 YE	ys Haurs Min.
Builder	ing life, even if retired)	10b. KIND OF BUSINESS OR INDU	Marylan	ıd		U. S. A.
13. FATHER'S NAME	n n		14. MOTHER'S MAIDEN		nler	
John	R. Bennet		INFORMANT	beth Shi	pley Address	
Yes, no, or unknown) Yes	If yes, give wor or dates of service) W. W. I	219-01-1678	Mrs. Mary	Bennett,	~	as 2
	TH [Enter anly ane couse por TH WAS CAUSED BY:	er line far (a), (b), and (c).]	0.	0.0.1.	0.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ar	DUE TO	left heme fl	ligin, Car	dise fair	leere,	1939
gave rise to in couse (a), stating t tying couse last.		Gerondial of	Theurmia			40ct 60
PART II. OTH	er significant conditio	ns <u>contributing to death</u> bu	T NOT RELATED TO THE TERM	NINAL DISEASE CONDITIC	ON GIVEN IN PART 1(d	o) 19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING [20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of item	IB.)	
20c. TIME OF INJUR Hour o. m. p. m.	. w	d. INJURY OCCURRED 20e. Phile Not while wark at work	LACE OF INJURY (Hame, far octory, street, office bldg., et	m, 20f. (City or town)	(Cour	nty) (State
21. I certify that saw the deceos	1/ /) 5	ended the deceased fram.		M, from the cous		
22a. SIGNATURE	Forward &	Hall	M.D. ATTENDING A	AED. STAFF PHYS. [4 OF GE
22c. PHYSICIAN'S NAME (Type)	Howard E.	Hall, M. D.	22d. ADDRESS	ghewille,	mil	
23a. BURIAL, CREMATIO BENOVAL STREETEN	N, 23b. DATE THEREOF	23c NAME OF CEMETERY 1	or Crematory 11e Cemeter	23d. LOCATION (City,	Tior coco.,	Md ^(Stote)
24. FUNERAL DIRECTOR"	S SIGNATURE	ADDRESS			REGISTRAR'S SIGNA	1 -
C. M.	Waltz. Win	nfield. Md.	DATE	OCT 7 '60	arilan S. F.	inu

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	numbership Lymil's	unional C	gaudase di laus	
	F. O. Sykasyllie		e.f.fivensys .o.4	
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	And the state of t			
• _ •	- Land Frank		Terrestor to Tiva	
	olchom dasdevill		Jimanah .E doob	
Suns as 12	. IT METER Winds e 10	10-01-1878	Yea	
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		.54 .5191°	G. N. weltz, wiel	

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TO HOSPITA RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have after death. Page 4 may be recorded by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in By the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban pagers. Pages 1 and 2 should be filed with the Stote Board of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours ofter death. VR A1S (4) 15M 9/59

		1241		CER	KIIFICA	X I E	OF DEA	AIH			-	LILA	d -1. 9	
	PLACE OF DEATH o. COUNTY	arroll		6.7	MARYLAND		CTATE -	- '	ere deceased land	lived. If instituti b. COUNTY			ce odmiss City	
	b. CITY OR TOWN (III RURAL ond give no	f autside carporate limits	, write c.	LENGTH OF	F STAY IN 1b		c. CITY OR TOW	VN (If a	utside corpor	ote limits, write f	RURAL and	give ne	rest town	1)
	Sykesvil	le		yr.25d	lays		Ba.	ltim	ore 31		3 V	V.		1-
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If nat in hospitol, gi	ve street odd	dress)			d. STREET ADDI						e. IS RES ON A	FARM?
	Springfi	eld State F	lospit.	al			270	Her	ring (ourt			YES 🗌	NO 2
3.	NAME OF DECEASED (Type or print)	Firs Clai		adys	Middle Stem		Boerner		4. DATE OF DEATH	Octo		23		Year 19 60
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER	MARRIED		TE OF BIRTH	75	-	9. AGE (In years			-	
	Female	White	WIDOWED	X DI	VORCED	N	ovember	18,	1893	last bighday) yrs.	Months	Doys	Hours	Min.
100	. USUAL OCCUPATIO	ON (Give kind of work ding life, even if retired)	one 10b. KIN	ND OF BUSIN	NESS OR INDI	USTRY	11. BIRTHPLACE	E (State	or fareign co	untry) OO	12. CIT		WHATC	OUNTR
	Waitress			-			Maryl	and				U.S	5.A.	
13.	FATHER'S NAME	HALL FOR LAND				14	MOTHER'S MA	AIDEN N	AME					
	Harvey W	. Stem				16	Lil	ly E	nglema	an				
	WAS DECEASED EVE	R IN U. S. ARMED FORCE		CIAL SECURI	ITY NO. 17.	INFOR	MANT		Market Contract	Add	iress			
(16	N O	(If yes, give wor or dotes of se		4-01-1	1206	Spr	ingfiel	d Ho	spital	Record	S.			
	1	TH Enter only one cau	se per line f	for (o), (b), o	and (c).]		***						ERVAL BE	
	ART I. DEA	TH WAS CAUSED BY:	Cong	estive	failu	ire						ON	SET AND	
	123	IMMEDIATE CAUSE (o)	<u> </u>						100	1.35	8-3-	-	· · ·	
	Conditions, if a	ou oublish \	Anto	mi oc o	lanatio		rdiovas	cul:	r die	2286.			l yea	יינו
	gave rise to in	m mediate (DUE TO	Arte	I LOS C.	TELOUT	,	Tatovas	CULLE	AT GIO			-	2 3 00	
	lying couse lost.	the under-										10		
ATION	PART II. OTH	HER SIGNIFICANT COND POPESSIVE TO	eactic	ntributing	to death bu	it not	RELATED TO TH	IE TERMI	NAL DISEASE	CONDITION GI	VEN IN PAR	T 1(a)	PERFO	RMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW IN	JURY OCCURR	ED. (Er	iter nature of in	jury in f	Part I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJUR Haur o. m. p. m.	Y Month, Day, Yea	r 20d. INJU While ot wark	JRY OCCURR Nat while at work	3		OF INJURY (Hom street, office blo			or town)	(County)		(Stai
	21. I certify tha	t (I) (this haspital)	attended	the dece	eased fram	Ser	tember	1/19	50 ta 0	ctober 2	196	0, 1	iat (I) (we) la
	saw the deceas	sed alive an Oct	over_	219 00	and that	deatl	accurred a	ド・ノ	M, fram	the causes a	nd an th	e date		b. DATE
		100		2 91	1	M.D.] ME	ED. RECTOR	STAFF PHYS.			10,	SIGNE /24/
	22c. PHYSICIAN'S NAME (Type)	J. Raymond	Gladi	1e, M.	D.		Spring	fie	ld Hos	pital,	Sykesv	ill	e, M	d.
23	BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE THEREO	960	23c. NAME C	OF CEMETERY	OR CRI	Level 1		23d. LOCAT	ION (City, town,	or county)	a	(Stot	ne)
24.	FUNERAL DIRECTOR	S SIGNATURE	0	ADDRESS					D BY REGISTI	RAR 25b. REG	ISTRAR'S SI	GNATU	RE	
-	Fra MI	only 1701	1.17	man S	2/1	-		ATE OC	T 3 1 '6) a	Thur S.	Krai	LA.	

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CERTIFICATE OF DEATH director, 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE: b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN If autside carporote limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS OR INSTITUTION NX 4. DATE NAME OF Middle Month Last filled DECEASED DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dyring most of working life, even if retired) dea pup pe 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physicion 00 certificate mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address g 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** by Conditions, if any, which gned gove rise to immediate DUE TO cause (o), stoting the underburial-transit lying couse lost. physician hos been PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY ringan 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING certificate OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) 0. m While Not while 19 at work at work 1950, to Och, 5 " .. 1940that I last saw the deceased ____, and that death accurred at /// M, from the causes and an the date stated above. DIRECTOR: SIGNATURE 3 should PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY poge REMOVAL (Specify) 0 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESTDENCE

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO 12

8 mo

(State)

DATE SIGNED

(Stote)

Day

Doys

(County)

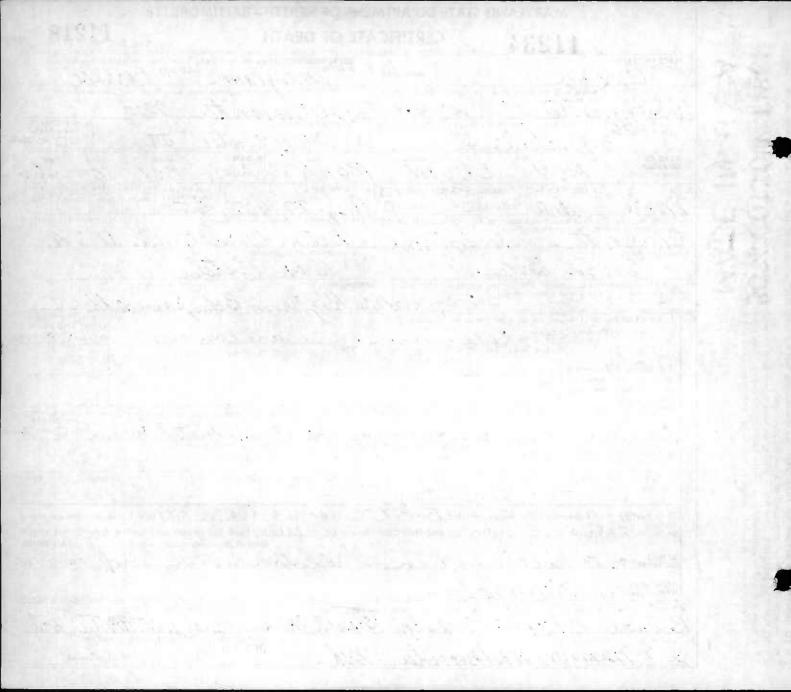
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1 0 '60

ON A FARM?

YES NO

Year



TO HOSPITA RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be recorded by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remaval, and the within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11219

o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Mary)	nere deceased lived. If institution b. COUNTY	n: Residence before admission) Balto.City V
b. CITY OR TOWN (If outside corporate limi	its, write 2c. LENGTH OF STAY IN 15		putside corporate limits, write RI	
Sykesville	2 years. 6 mos 27 days.	Baltimore		V61-4
d. NAME OF HOSPITAL (If not in hospital, g		d. STREET ADDRESS	12	e. IS RESIDENCE
OR INSTITUTION Springfield State Ho	ospital	5 Orkney	Court	ON A FARM
NAME OF Fir		Lost	4. DATE Mon	th Day Year
DECEASED (Type or print)	la Musser	Bullock	DEATH 10	14 1960
SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 H
Female White	WIDOWED TO DIVORCED	July 31, 188	O lost birthday) O yrs.	Months Days Hours Mir
o. USUAL OCCUPATION (Give kind of work during most of working life, even if retired	dane 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	ar fareign country)	12. CITIZEN OF WHAT COUNT
Housewife	-	Pennsylv	ania	U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	
William H. Musser		Sarah E. S	hiffer	
WAS DECEASED EVER IN U. S. ARMED FOR 13. no. or unknown) {If yes, give wor or dates of s		NFORMANT	Addı	ress
No -	-	Springfield	Hospital Reco	rds.
18. CAUSE OF DEATH [Enter only one co	ouse per line far (a), (b), and (c).]			INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Bronchopneu	monia		5 days
Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse lost.				
	DITIONS CONTRIBUTING TO DEATH BUT DEATH BUT DITIONS CONTRIBUTING TO DEATH BUT DITIONS OF THE BUT DITIONS OF	NOT RELATED TO THE TERM	inal disease condition giv	VEN IN PART 1(0) 19. WAS AUTOF PERFORMED' YES NO
20g. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJURY Manth, Doy, Ye Hour o. m. p. m. 19	ar 20d. INJURY OCCURRED 20e. P While Not while at wark ot work	ACE OF INJURY (Home, farm actory, street, office bldg., etc	n, 20f. (City ar town)	(County) (St
21. I certify that (I) (this haspital saw the deceased alive an Oct				
220 SIGNATURE Raymon	nd Gladen	M.D. ATTENDING MPHYS.	ED. STAFF	October 14, 1
22c. PHYSICIAN(S NAME (Type)		22d. ADDRESS		
J. Raymond	Gladue, M.D.	Springfie	ld Hospital,Sy	kesville, Md.
BURIAL, CREMATION, 23b. DATE THERECONDERS OF THE PROPERTY IN T	Union Cemet		23d. LOCATION (City, town, or Belle Fonte	or county) (Stote) , Pennsylvania
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC	D BY REGISTRAR 2Sb. REGI	STRAR'S SIGNATURE
m. C ok. Inc. 1217	St Davil Charact	DATE OC	717'60 Cm	ibut S. Thate

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11220

a. COUNTY			2. USUAL RESIDENCE (WI	here deceased lived. If institution b. COUNTY	on: Residence before admission)				
CARROLL		MARYLAND	Maryland		Balto. City				
b. CITY OR TOWN (If RURAL and give nec	outside corparate limits, write arest tawn)	c. LENGTH OF STAY IN 16		outside corporate limits, write R	URAL and give nearest town)				
Sykesville		50 years	Baltimore	31	IS DECIDENCE				
OR INSTITUTION	L (If not in haspital, give street	address)	d. STREET ADDRESS	SVA	e. IS RESIDENCE ON A FARM? YES NO L				
pringfield	State Hospital		421 Durham St						
NAME OF DECEASED (Type or print)	George	Middle	Bulter	4. DATE Man OF DEATH October	10/-				
. SEX		RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS				
Male	white widow		1880	last birthday) 80 yrs.	Months Days Hours Min.				
0a. USUAL OCCUPATIO during mast af warki Barber	N (Give kind of work done 10b. ng life, even if retired)	KIND OF BUSINESS OR IND	USIRY 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY				
3. FATHER'S NAME		1	14. MOTHER'S MAIDEN						
Frederick	C. Bulterr		Elizabeth	n Martin					
		SOCIAL SECURITY NO. 17.	INFORMANT	Add	ress				
(Yes, no, or unknown)	f yes, give war or dates af service)	MAMI, S	pringfield Sta	ate Hospital Re	ecords				
	TH Enter only ane cause per I		DITTIET TOTA	ACC HODDIOGIAN	INTERVAL BETWEEN				
			nonomona ssith	h billary obstr	onset and DEATH				
10 5 12	1	Lettions of cue	pancreas with	I UIIIary ousti	ruction weeks				
112/	DUE TO								
Canditians, if ar									
gave rise to in cause (a), stating t									
lying cause last.	(c)								
PART II. OTH			JT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO K				
Dementia	Praecox, heber		NED (E.)	Part Lar Part II of item IR	11.5				
PART II. OTH Dementia 20a. ACCIDENTINA OR CONTRIBUTINA (IF EITHER, NOTIFY	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURI	RED. (Enter nature of injury in	ran i or ran ii oi iiem ib.;					
3 20c. TIME OF INJUR	Month, Day, Year 20d.		PLACE OF INJURY (Home, fari		(County) (State				
Y 20c. TIME OF INJURY Hour a. m. p. m.	While	e Not while	factory, street, office bldg., et	c.)					
	t (I) (this haspital), atten		2/16/10	2 to 10/11	, 19 60, that (I) (we) las				
saw the deceas		1960 , and that	death accurred at 8		nd an the date stated above				
22a. SIGNATURE	8. Wholen	en UD	ATTENDING A	MED. STAFF DIRECTOR M PHYS.	22b. DATE SIGNE				
22c. PHYSICIAN'S NAME (Type)		1 -	22d. ADDRESS	ngfield State H	Jospi tal				
(1) be)	Irene Hitchman	,M.D.	Syke	sville. Marylar	jd				
23a. BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (Gity, town,					
24. FUNERAL DIRECTOR	S SIGNATURE . A	ADDRESS A	72Sq. REC	O'D BY REGISTRAR 2Sb. REGI	ISTRAR'S SIGNATURE				
Sellie .	61 Height	- Olysterny	No MA DATE		1 0 K				

the funeral directar, should be filed with TO HOSPITA RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hamay be recently a by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 on the State Board of Health prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VR A15 (4) 1SM 9/59

ofter death. Page 4

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TO HOSPITAL RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how after death. Page 4 may be relieved by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove certors. Pages 1 and 2 shauld be filed with the State Baard of Health priar to burial, crematian, or removal, and in any event, within 72 have after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

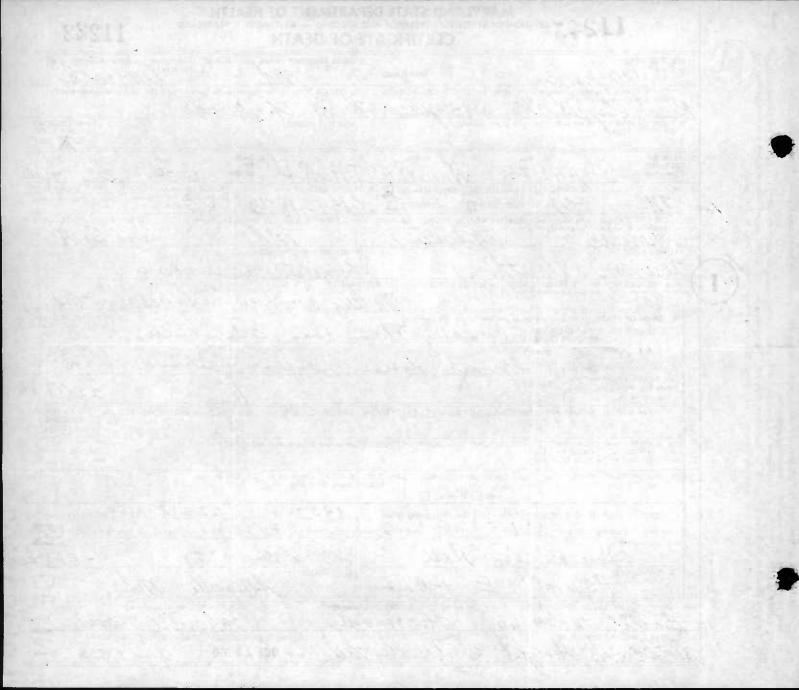
	- 4									
1. PLACE OF DEATH o. COUNTY Ca	rroll		MARY	rLAND 2	o. STATE Mar	(Where deceases	d lived. If instituti b. COUNTY		e before odm ntgomen	A.
b. CITY OR TOWN (If outside corporate limi	its, write	c. LENGTH OF STAY		c. CITY OR TOWN	(If outside corpo	prote limits, write R	URAL ond gi	ive nearest to	wn)
RURAL and give n Sykesvi			lyr.4mos.	23days		kerson		1.	51	- of
OR INSTITUTION	TAL (If not in hospital, g				d. STREET ADDRESS				ON	A FARM?
Springf	ield State	Hosp:	ital		Wh:	ite's Fe	erry		YES [□ NO 1
3. NAME OF DECEASED (Type or print)	Rosa	rst Mag	Middle Cubitt		Butler	4. DATE OF DEATH	Mor Oc	tober	Day 5,	Yeor 19 60
s. sex Female	6. COLOR OR RACE White	7. MARR	DIVORCE		an. 26, 1	882	9. AGE (In years lost birthdoy) 78 yrs.		YEAR IF UN Days Hour	
10o. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDUSTR	Y 11. BIRTHPLACE (S	itate or foreign c	country)	12. CITIZ	EN OF WHAT	COUNTRY
Housewife			pm		Mary	land		Ţ	J.S.A.	
13. FATHER'S NAME					14. MOTHER'S MAIDE	EN NAME				
George Cu						ne Monre	ed			
1S. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	RCES? 16.	SOCIAL SECURITY NO	-	rmant ringfield	Hospita	Add al Record			
18. CAUSE OF DE	ATH [Enter only one co	ouse per lir	e for (o), (b), and (c).	. 4					INTERVAL ONSET AN	BETWEEN
PART I. DE	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bronchopneumonia								Day	
1420	Conditions, if ony, which Severe anemia secondary to bleeding esophageal									
Conditions, if		Seve	ere anemia	secor	dary to b	leeding	esophage	al	Days	5
gove rise to i				A. 2 . 1	31		ul	.cer	37	
lying couse lost.	. /	1	eriosclero						Year	
	HER SIGNIFICANT CON								1(o) 19. WA PERI YES	FORMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED.	Enter noture of injury	y in Port I or Por	rt II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	While of world	Not while of work		OF INJURY (Home, y, street, office bldg.,		y or town)	(Ca	ounty)	(Stote
	at (I) (this haspita used alive an Oct									
220. SIGNATURE	estin d	el c	mbo	- M.I	ATTENDING PHYS.	MED. DIRECTOR	STAFF	0		22b. DATE SIGNE 0/6/6
22c. PHYSICIAN'S NAME (Type)	Agustin de	1Camp	o, M.D.		22d. ADDRESS Springf	ield Hos	spital, S	ykesvi	ille, I	Md.
230. BURIAL, CREMATIC REMOVAL (Specify	Oct 8-	6 B	23c. NAME OF CEM	OCA			TION (City, town,	or county)	, m	tote
24. FUNERAL DIRECTOR	S SIGNATURE	6	2 ADDRESS	01.	25o. I	REC'D BY REGIS		ISTRAR'S SIG	4 .	
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MARYLAND STATE DEPARTMENT OF HEALTH 1124. DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	PLACE OF DEATH a. COUNTY WARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY PARABLE
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b (URAL one give newest town) S. NAME OF HOSPITA (If nat in haspital, give street address) OR INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Autoration Comparison Comparison
3	NAME OF DECEASED (Type or print) CHARLES W. CA)	ATHORN 4. DATE Manth Day Year OF DEATH OAS. 22 1960
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	B. DATE OF BIRTH 9. AGE (In years lost birthday) 4. 13 18 73 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	Da. USUAL OCCUPATION (Give kind of work done during prost of working life, even if retired) A GULLULUS 3. FATHOR'S NAME	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAJDEN HAME
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 18. no. or unknown) (If yes, give war or dates of service)	Hormany Onthony - Ankewille and.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (a), stoting the <u>under-</u> lying couse lost. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] DUE TO (b) DUE TO (c)	com pris, arteroscherte (NSET AND DEATH 1959 to 220t 60
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.) (County) (Stote)
	22a. SIGNATURE	J 9 5 7 19 10 22 00 1960, that (I) (we) last deoth occurred of P. M., from the couses and an the dote stated obove. ATTENDING MED. STAFF PHYS. 22d. ADDRESS 22d. ADDRESS
1	NAME (Type) HOWARD E HALL 30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 236. LOCATION (City, town/pycounty) (State)
1	A FUNERAL DIRECTOR'S SIGNATURE JULIAN SHE SHOWERS SIGNATURE JULIAN SHE	The Date OCT 26'60 Carlus S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

***************************************		IL OI DESTIN		11999
1. PLACE OF DEATH 0. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)	ere deceased lived. If institution b. COUNTY	n: Residence before admission) Baltimore
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write RU	IRAL and give nearest town)
RURAL and give negrest town) Sykesville	51 years	Baltimore	City	
d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION Springfield Sta		d. STREET ADDRESS unknow	n 3 V (on a farm? YES \(\) NO \(\) X
3. NAME OF First DECEASED (Type or print) FLIA	Middle	Lost DICKEY	4. DATE Monti	Day Yeor 16 19 60
s. sex Female 6. COLOR OR RACE 7. MARR WIDOWE		B. DATE OF BIRTH about 1879	9. AGE (In years lost birthdoy) 8] yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDU	Pennsylva		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
D.E. Schoedler		unkı	nown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	social security no. 17, IP	Record - Spri	ingfield State	
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS C	onchopneumoniangestive heart ronary arterio	SCLE TOSIS NOT RELATED TO THE TERMI		Month Years EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 17 NO
	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm,	, 20f. (City or town)	(County) (Stote)
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 of work		ctory, street, office bldg., etc.		
21. I certify that (I) (this haspital) attend saw the deceased alive an 10-16 220. SIGNATURE 220. PHYSICIAN'S NAME (Type)	ed the deceased fram	M.D. PHYS. DII	ED. STAFF RECTOR PHYS.	d an the date stated abave. 22b. DATE SIGNED
				ital, Sykesville, M
236. BURIAL, CREMATION, 23b. DATE THEREOF Burial Oct. 20, 1960	23c. NAME OF CEMETERY Of Loudon Par		23d. LOCATION (City, town, or Baltimore, N	
24. FINERAL DIRECTOR'S SIGNATURE ELLSWORTH ARMACOST	4600 Liberty		BY REGISTRAR 2Sb. REGIS	TRAR'S SIGNATURE DILLING S. KLAMA

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 11224 CERTIFICATE OF DEATH il directar, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Woodbine by the funeral of 2 should be fil c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest tawn) Baltimore Woodbine/Md. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION S. Gilmore Street YES NO olden Age Guest Home NAME OF First Middle 4. DATE Manth Day Year filled Pages 1 death. (Type or print) DEATH 19 FI.TON HARRTETT 17. Oct 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. ely S. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days ofter Hours White WIDOWED [DIVORCED cample yrs. papers. 100 BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 2 during most of working life, even if retired) Batto Md. U.S.A. None and pan 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Car physician Unknown Unknown remave With 17, INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (It yes, give wor or dates of service Mrs. Bessie Price 322 S. Gilmor St. attending ony INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH a PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) oug the DUE TO by been signed by I-transit permit. remaya Conditions, if any, which gove rise to immediate DUE TO cause (a), stoling the underlying cause lost. burial-transit 5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY cremation, PERFORMED? has YES NO 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port/II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day. Year (County) (Slote) factory, street, affice bldg., etc.) o. m. While Not while After this 0 ot work ot work 19 60, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram and that death accurred at also M, from the causes and an the date stated above. saw the deceased alive on

ATTENDING PHYS.

22d. ADDRESS

M.D.

23c. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemeetry

STAFF

PHYS.

23d. LOCATION (City, town, or county)

25b. REGISTRAR'S SIGNATURE

arthur & Frank

Bal to Md.

DIRECTOR |

25o, REC'D BY REGISTRAR

DATE OCT 2 0 '60

22b, DATE SIGNED

(Stote)

attending physician. 20 detached far DIRECTOR: of pe ed & Board 3 shauld TO FUNERAL page 3 sh the State I

after death. Page

certificate

that the death

VR A15 (4) 15M 9/59

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22 PHISICIAN'S

23a. BURIAL CREMATION.

REMOVAL (Specify)

24. FUNERAL DIRECTOR'S SIGNATURE

23b. DATE THEREOF

Mc. Cully 130 E Fort Ave Balto 30. Ma.

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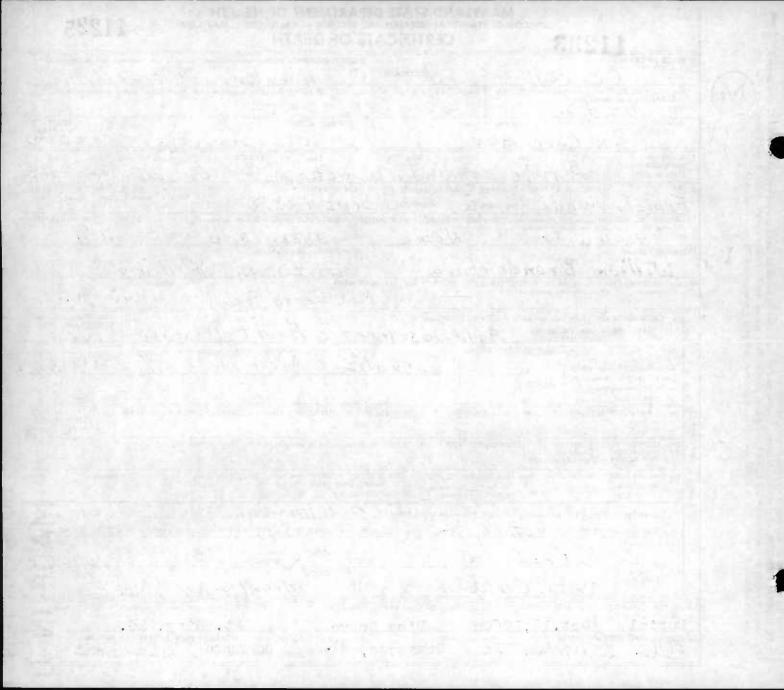
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the attending physician and campletely filled in by the funeral director. Then please remove corban papers. Pages 1 and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 homory be record by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	11233		CERTII	FICATI	OF DEATH	1		TIGHT	,
PLACE OF DI O. COUNTY	Carro	011	MAR	YLAND 2	o. STATE	Where deceased live	b. COUNTY	idence before adm	nission)
	OWN (If outside corporation)	rote limits, write	c. LENGTH OF STAY	(IN 1b	c. CITY OR TOWN (I	outside corporate	limits, write RURAL	ond give nearest to	own)
d. NAME OF OR INSTIT	HOSPITAL (If not in hours	spital, give street	oddress)		d. STREET ADDRESS	Park	Ave	10	RESIDENCE NA FARM?
3. NAME OF DECEASED (Type or prin	n An	First	Brande	, h	vo Etchiso		Octobe;	Day 16	Year 1960
5. SEX Feme	6. COLOR OF	WIDOW		ED S	ept 11, 18	219	St birthdoy) Mon		rs Min.
during mos	CUPATION (Give kind of working life, even in	of work done 10b f retired)	HO in	2_	Mar	4/3110	()	Me Si	T COUNTRY?
13. FATHER'S NA	lliam Bi	rander	burg		Eliza	beth ,	mullin	/x	
15. WAS DECEA (Yes, no, or unknow	SED EVER IN U. S. ARM n) (If yes, give wor or	AED FORCES? 16 dates of service)	SOCIAL SECURITY NO). 17. INFO	IVS, Leoli	Beal	Address 1. M+	Airy, M	d.
	OF DEATH [Enter only T I. DEATH WAS CAUS IMMEDIATE C	ED BY: AUSE (o)	ine for (o), (b), and (c)	cler	otic H+	ett D	isease	INTERVAL ONSET AI	BETWEEN ND DEATH
gove ris	storing the under-	(b)	Gen (eral	ized Ar	teriosc	levosis	seve	yedr.
ZO PARTO	II. OTHER SIGNIFICAL		CONTRIBUTING TO DI	EATH BUT NO	OT RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVEN IN	PER	AS AUTOPSY RFORMED?
	ENT WAS UNDERLYING IBUTING CAUSE OF NOTIFY MEDICAL EXAM	DEATH MINER) 206. DES	SCRIBE HOW INJURY (OCCURRED.	Enter noture of injury i	n Port I or Port II o	of item 1B.)		
	F INJURY Month, D o. m. p. m.	oy, Year 20d. While of wa			OF INJURY (Home, for y, street, office bldg., o		town)	(County)	(Stote)
1	ify that (I) (this he	n 1 1	11 1		octoper	2.60.ta A.M. from the	causes and an		, ,
22o. SIGNA	WB, C	alu	ceff	M.1		MED. DIRECTOR P	TAFF HYS. [10/1	22b. DATE SIGNED
22c. PHYSIC NAME		B, Cui	lwell.		22d. ADDRESS	ount A	iry N	1d	(
23a. BURIAL, CE REMOVAL Buria		THEREOF	23c. NAME OF CEA		REMATORY	23d. LOCATION	Airv M	nty) (:	Stote)
24. FUNERANDI		lisuntl	ADDRESS	scus,	25o. RE	OCT 2 0 '6		'S SIGNATURE	



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11248

o. COUNTY	roll	MARYLAND	o. STATE Mary.	land	IINTY	e George's
b. CITY OR TOWN (If aut RURAL and give nearest	side carporate limits, write t tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporote limits, v	vrite RURAL and give	nearest tawn)
OR INSTITUTION	f nat in haspital, give stree	t address)	d. STREET ADDRESS	ne /	18× -3	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First James	Middle Arthur	Lost Forbes	4. DATE OF DEATH	Manth	Day Year 24 19 60
	COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7-4-1900	9. AGE (In last birth 60		EAR IF UNDER 24 HRS. ys Hours Min.
10a. USUAL OCCUPATION (C during most of working I	Give kind of wark done 10t	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	e ar foreign country)		S.A.
13. FATHER'S NAME		Farm	14. MOTHER'S MAIDEN		0.	D.A.
1S. WAS DECEASED EVER IN (Yes, no. or unknown) (If yes	, give war or dates of service)	. SOCIAL SECURITY NO. 17. I	Susie NFORMANT Tames A. For	in Shage	Address n ‡	
1B. CAUSE OF DEATH	Enter only one couse per					INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, gave rise to imme cause (a), stating the lying cause last. PART II. OTHER S	bunder- DUE TO (c)	ar advanced pu				o) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER S 20a. ACCIDENT WAS UI OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Port I ar Part II af item	18.)	YES NO
20c. TIME OF INJURY A	Month, Day, Year 20d. Whilat wo	e Not while fo	LACE OF INJURY (Hame, for octary, street, office bldg., e		(Cavi	nty) (State)
21. I certify that (I) (this haspital) attended the deceased from June 30 1958 to Oct. 24 , 1960, that (I) (we) last saw the deceased alive on Oct. 24 1960, and that death occurred of 300, from the causes and on the date stated above.						
220. SIGNATURE	ws m. mas	nlacy	M.D. ATTENDING DE LE CONTROL D	MED. STAFF PHYS. [22b. DATE SIGNED 10-24-60
NAME (Type)		culans, M. D.	Henryto	n State Hos		
23a. BURIAL, CREMATION, REMOVAL (Specify)	10-24-60	100 UBana	wn	23d. LOCATION (City,	N.C	(Stote)
24 FUNERAL DIRECTOR'S SIG	GNATURE 43	3 9 Hunt	PlnE DATE C		REGISTRAR'S SIGN	Land

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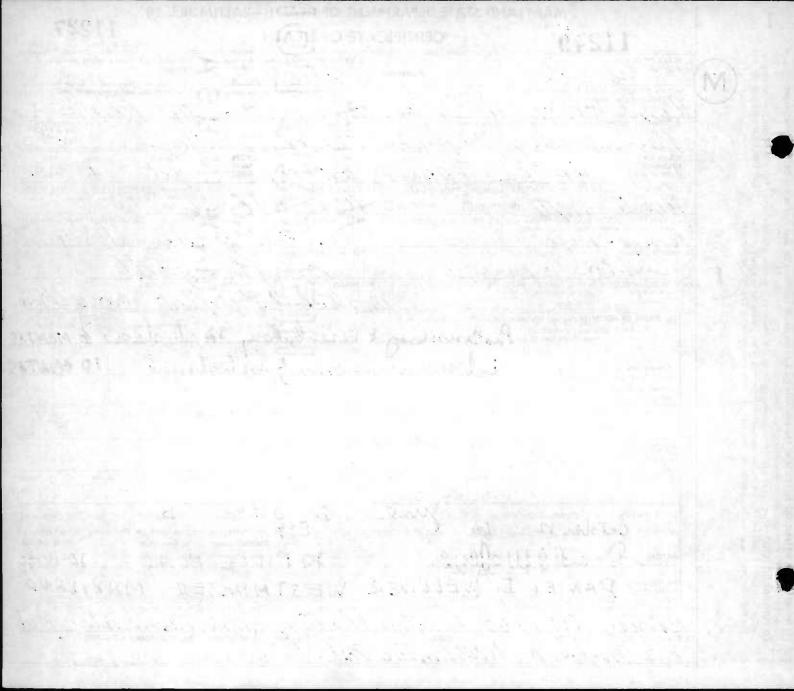
while the breezeway and the L Daoi stree Barrio Maria de mentro (1. 1. 2012 de 1917) de 1. - 12. 12. of the control of the second of the second to 내 바람이에서 있다면 하면 되었다. 그는 것 같은 사람들이 되었다. AND CHEST BE LIKE OF THE SECRETARY AND SECRETARY AND SECRETARY of the second second

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

[249	CERTIFICATE OF DEATH	1122 Reg. Dist. No.
	2 HIGHAL PECIDENCE (Where deceased lived	If institution, Pasidence before adm

1.	PLACE OF DEATH a. COUNTY CHARVELL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give neapest, town) d. NAME OF HOSPITAL (If not in hospital, give street address) QR-INSTITUTION REPORTED TO THE CONTROL OF THE PROPERTY OF THE PROPE	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) A. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) HATTEL FRANCE	Last 4. DATE Month Day Year OF DEATH OCT 14 1960
5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH OCT. 20 1894 9. AGE (In yeors last birthdoy) Wonths Days Hours Min.
1	usual Occupation (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired)	River Falls Wiscomes U.S.a.
13.	Custon wenchell	11. MOTHER'S MAIDEN NAME MANY Campbell
15. {Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	INFORMANT C. Gillet Same after
CERTIFICATION	Canditians, if ony, which gove rise to immediate cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	INOMES INTESTINUL 10 MONTH IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED While Nat while at work at wor	LACE OF INJURY (Home, farm, octory, street, office bldg., etc.) 20f. (City ar town) (County) (Stote)
	21. I certify that Lattended the deceased fram MANQ alive an October 12 , 1960 , and that death	h occurred at 82 P. M., fram the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE SALLEY Y U DELCOOL	MD. 19 RIVEE RUAD 10-19-60
220	SIGNATURE & COLLEGE & COLL	2 WESTMINSTER MARYLAND



11228

be filed with the funeral ed in R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 had by the haspital or attending physicion.

after death. Page 4

TO HOSPIT: R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 2	may be remode by the haspital or attending physicion.	poge 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages	the State Boord of Health prior to burial, cremation, or removal, and in event, within 72 hours after death
ATTENDING PHYSI	d by the haspital ar a	be detached for use a	of Health priar to bu
TO HOSPIT	TO FUNERAL DIR	poge 3 should b	the State Board
VR 15	A15	(4)	

7		AND RECORDS — BALTIMORE 1, MARYLAND ATE OF DEATH	11288
	b. CITY OR TOWN (If outside carperate limits, write RIPAL and give fearest town) RIPAL and give fearest town) RIPAL AND BOUND (If not in hospitol, give street address) OR INSTITUTION	2. USUAL RESIDENCE (Where deceased lived. If institution: Resident of STATE b. COUNTY) c. CITY OR TOWN (If outside corporate limits, write RURAL and of STREET ADDRESS	uall
L	NAME OF DECEASED TAMES - 7- Middle H	A PE 4. DATE Month OF DEATH OF 2 B. DAJE OF BIRTH 9. AGE (In years IF UNDER	Day Year 19 66 1 YEAR IF UNDER 24 HRS.
L	M WIDOWED DIVORCED	Sept 6-1887 last birthdoy) Months	Days Haurs Min.
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	in Maryleent L	ZEN OF WHAT COUNTRY?
13.	Jalen Thank	Martha Buellitz	
15,	(MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. no. or unknown) (If year-give more or dates of service) 217-36-4962	Mus June Hace- Herespite	ad, mid
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO CORONARY Thromb		INTERVAL BETWEEN ONSET AND DEATH 1 hou
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) Coronary Insuff (b) (c) Coronary Ateric		Jyrs Unk.
CATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BL	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IED. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICA		PLACE OF INJURY (Home, form, 20f. (City or town) (Cactary, street, affice bldg., etc.)	County) (State)
	21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive anOct_20_160 and that		e date stated above.
	220. SIGNATURE M. C. Parter freef	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS	22b. DATE SIGNED
	NAME (Type) M.C.Porterfield	Hampstead, Md.	
230	BURIAL, CREMATION 236, DATE THEREOF 23c. NAME OF CEMETERY	Jeun Bulto lo	Med (State)
24	Edler a fifton - Henry site	DATE OCT 2 6 '60 Clather &	

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VR A15 (4) 15M 9/59

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
o. COUNTY Carroll	MARYLAND	o. STATE Maryland b. COUNTY Balto.							
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Sykesville	2 Mos.24Dys.	Baltimore 14 5 VO / 1							
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	ve street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
Springfield State Ho	ospital	3305 Glenmore Ave.							
3. NAME OF First	Middle	Last 4. DATE Month Day Yeor							
(Type or print) Franc	ces Dresse	Haynes DEATH OLL 30 1960							
5. SEX 6. COLOR OR RACE 7	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR F UNDER 24 HRS. In under 24 HRS.							
Female White	WIDOWED TO DIVORCED	November 24, 1875 St yrs. Months Doys Hours Min.							
10o. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	one 10b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
Female HOUSEWIFE	AT HOME	Maryland BALTIMORE U.S.A.							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
George Dressel		Margaret							
15. WAS DECEASED EVER IN U. S. ARMED FORCE		NFORMANT Address							
No -	3703777	Springfield Hospital Records							
1B. CAUSE OF DEATH [Enter only one cous	se per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY:	Arterioselero								
DUE TO									
Conditions, if ony, which) (b)	Dia betes	mellitus							
gave rise to immediate DUE TO	gave rise to immediate (D)								
lying couse lost. (c)	couse (o), staring the under-								
	ITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO, THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
C.B.S. assoc. with cer reaction.	reprar arcerroscre	YES NO LOUIS DESCRIPTION OF THE PROPERTY OF TH							
200. ACCIDENT WAS UNDERLYING [] 2	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Port I or Port II of item 18.)							
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
3 20c. TIME OF INJURY Month, Doy, Year	20d. INJURY OCCURRED 20e. F	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State							
Y 20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19	While Not while of work of work	octory, street, office bldg., etc.)							
		8 - le 1960, 10 10 - 30, 1960, that (1) (we) las							
21. I certify that (I) (this haspital) saw the deceased alive an		death accurred a fight, from the causes and an the date stated above							
220. SIGNATURE	, and that	death accurred degreem, from the causes and an the date stated above							
1. Raymond	Medur	M.D. ATTENDING MED. STAFF 10 - 30 - SIGNED PHYS.							
22c. PHYS CAN'S NAME (Type)		22d. ADDRESS							
J. Raymond	Gladue, M.D.	Springfield Hospital, Sykesville, Md.							
23a. BURIAL, CREMATION, 23b. DATE THEREOF	F 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) (State)							
BURIAL 11/2/60	O LORRAINE PA	ARK CEMETERY BALTIMORE MARYLAND							
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
HENRY SANDER & S	ONS INC BALTO.	MD. DATE NOW 1'60 Colling d. Hand							

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND ATH

		DIVIDION OF STATISTICAL MESERMONT FINE MESONES
23	rest.	CERTIFICATE OF DE

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1			JSUAL RESIDENCE (Where deceased lived. If institution: Residence b. STATE b. COUNTY	before admission)
	Ł	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. CITY OR TOWN If outside corporole limits, write RURAL and giv	re negrest town
0	3	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION OR INSTITUTION OF HOSPITAL (If not in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	-	NAME OF DECEASED (Type or print) ALARY — A Middle HL	FRSH 4. DATE OF Month OF DEATH OCCUPACY	Day Year 4- 19 60
	S. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DA WIDOWED DIVORCED 4	The state of the s	YEAR IF UNDER 24 HRS days Hours Min.
\	100	00. USUAL OCCUPATION (Give kind of work done during most) of working life, even it retired) The transfer of the control of th	11. BIRTHPLACE (State or foreign country) 12. CITIZE U	SA-
	13.	3. FATHER'S NAME "William Kreitzer"	Barbara Haliones	
		S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wdr or dates of service) (Yes, no, or unknown) (If yes, give wdr or dates of service)	ru Heish-Manchester	Ros
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	tu Heart Direase	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, If ony, which (b)		7
		gove rise to immediate couse (a), stating the under-lying couse last. DUE TO (c)		
	CATION	Callard Goitel (Thyrosod with	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	1(o) 19. WAS AUTOPS PERFORMED? YES NO
7		OR CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH	iter noture of injury in Port I or P g ft II of item 1B.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work of the other states.	OF INJURY (Home, farm, street, office bldg., etc.) (Co	unty) (Stote
		21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on act 3 1960, and that death	n occurred of the Mirror the couses and on the	that (I) (we) las
		22o. SIGNATURE	ATTENDING AUTO CYLET	-6-6 O SIGNE
-		22c. PHYSICIAN'S NAME (Type) WH FOARD U.D	MANChester M	ld.
3	230	236. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OR CRE SEMOVAL (Specify) Gat 7-1960 Manches	EMATORY 23d. LOCATION (City, town, or county)	Michael (Stote)
3	24.6	Eder Chipton Hampstead	The 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN Cuther S. H.	

the attending physician and completely filled in By the funeral director. Then please remave carban popers. Poges 1 and 2 shauld be filed with TO HOSPIT. IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 homely be reported by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached far use as the burial-transit permit. Then please remave carban popers. Pages 1 one the State Board of Health priar ta burial, cremation, or remaval, and in ony event, within 22 hours after death. VR A1S (4) 1SM 9/S9

after death. Page 4

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY Carroll

MARYLAND

o. STATE Maryland

2. USUAL RESIDENCE (*Where decemes lived. If institution: Residence before admission) b. COUNTYBaltimore City 30

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

c. LENGTH OF STAY IN 16 4 moths 9 days

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore

e. IS RESIDENCE

Yeor

11231

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Hospital.

d. STREET ADDRESS 3123 Fleet St Balto-24

ON A FARM? YES NO X

U.S.A.

Sykesville Springfield State NAME OF DECEASED (Type or print) 5. SEX Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Machinist Retired 13. FATHER'S NAME no 20c. TIME OF INJURY Hour o.m.

George

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

Hoesch B. DATE OF BIRTH DATE OF DEATH ٦0 9. AGE (In years

60 19 IF UNDER 1 YEAR IF UNDER 24 HRS

White

WIDOWED K

DIVORCED T

Middle

85 birthdoy) Months Dovs Hours 12. CITIZEN OF WHAT COUNTRY?

Month

John Hoesch

Margaret Schmidt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

17 INFORMANT Hospital records

Maryland

14. MOTHER'S MAIDEN NAME

Address

1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

Arteriosclerotic heart disease

Generalized arteriosclerosis

years

vears

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.

DUE TO

(6)

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

PERFORMED?

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)

YES NO W

INTERVAL BETWEEN ONSET AND DEATH

20a. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20d. INJURY OCCURRED Year While Not while of work of work

1960

20e, PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

(Stote)

saw the deceased alive an

21. I certify that (i) (this haspital) attended the deceased fram.

10-12-1960

19 60 ta 10-8-, and that death accurred alo. 30, from the causes and an the date stated above

220_SIGNATURE 22c. PHYSICIAN'S

Buria

Agustin del Campo. M. D.

ATTENDING DIRECTOR | M.D. 22d. ADDRESS Sykesville, Maryland.

STAFF PHYS.

10-9-50 SIGNED

(Stote)

22b. DATE

23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY Holy Redeemer

23d. LOCATION (City, town, or county) Baltimore, Maryland

24. FUNERAL DIRECTOR'S SIGNATURE Lilly & Zeiler Inc.

1901 Eastern Avenue

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

moy be rely and by the horizontal by FUNERAL DIRECTOR: A page 3 shauld be determine State 10 VR A15 (4) 15M 9/59

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T. Dellan & Marie The Mr.

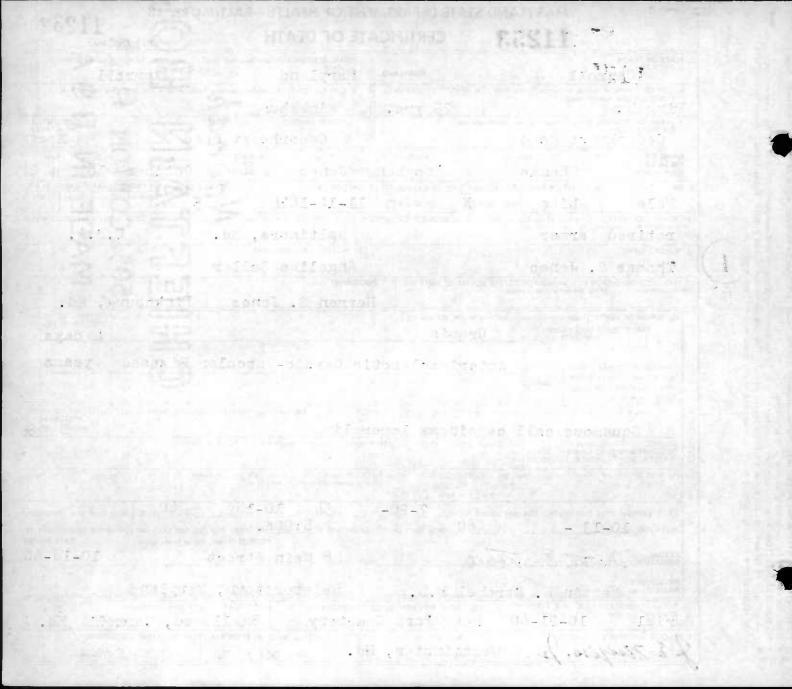
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h. Page 4	1	. P	PLACE OF DEATH 1. COUNTY Carroll
leath.	1		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
offer death. Page 4 by the funeral director. d 2 shauld be filed with			Finksburg d. NAME OF HOSPITAL (If nat in hospital, give street addre
F 'E E	3	. P	Cedarhurst Road NAME OF First
vithin 24 rely filler Poges 1			(Type or print) Thomas
Pog Pog	5	5. S	THE STATE OF
rs.			Male White WIDOWED
e be execute ian and camp carban pope after death.	1	00.	. USUAL OCCUPATION (Give kind of work done lob. KIND during most of working life, even if retired) retired farmer
be and rbar rbar re-	1	3.	FATHER'S NAME
cian cian s aff			Thomas S. Jones
deoth certificate be executed tending physician and cample please remove carban popers. within 72 haurs after death.		S. Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI
ATTENDING PHYSICIAN: The law requires that the by the haspital ar attending physician. JOR: After this certificate has been signed by the a detached for use as the burial-transit permit. Then to burial, crematian, or remaval, and in any event to burial,		MEDICAL CERTIFICATION	18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ur Conditions, if any, which gove rise to immediate couse (a), stating the under. lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONT Squamous cell carc 20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ON TO THE OF INJURY Manth, Doy, Year While of work 21. I certify that I attended the deceased for alive an 10-13 - 19 OR ACTUAL
may be returned to FUNERAL DIREC page 3 shauld be the registror prior	2 7	no.	PHYSICIAN'S NAME (Type) Martin E. Strobe BURIAL CREMENTON, 22b. DATE THEREOF 22c REMOVAL (Specify) UT 121 CONTROL OF CO
5 5 0 0 =	-		MERAL DIRECTOR'S SIGNATURE

VS A1S (4) 1SM 9/58

	22 1. 1945	1120	CLR	IIIICAI	L OI DEA	111		Reg. Dist. N	0.	1000
1.	PLACE OF DEATH	roll	MA	ARYLAND 2	USUAL RESIDENCE		d lived. If institution b. COUNTY	on: Residence be		ion)
		outside corporate limits, warest tawn)	0~	AY IN 16	c. CITY OR TOWN	(If outside corpo	orate limits, write RI	URAL and give n	learest town	1)
	d. NAME OF HOSPITA	AL (If not in hospital, give : urst Road	street address)		d. STREET ADDRESS	churst	Road			FARM?
3.	NAME OF DECEASED (Type ar print)	Thomas	Mid Ste	_{dle} phen	Jones	4. DATE OF DEATH	Man Octo		Ó	Year 19 6
5.	Male Male	6. COLOR OR RACE 7. White wi			DATE OF BIRTH	74	9. AGE (In years lest birthdoy) yrs.	Months Days		Min.
10	during most of working retired	N (Give kind of work done ng life, even if retired) 1 armer	106. KIND OF BUSINES	OR INDUSTR	Baltimo			U.S	OF WHATC	OUNTRY
13.	FATHER'S NAME				14. MOTHER'S MAIDE				44.0	
	Thomas S	S. Jones			Angeline	Selle	er			
		IN U. S. ARMED FORCES		NO. INFO	DRMANT		Addr	ess	Same.	
	is, no, or unknown)	yes, give war or dates or service		He	erman S.	Jones	Fink	sburg.	Md.	
	PART I. DEAT	mediate	uremia Arteriosc		c Cardio	-Vascu	lar Dis	O	year	DEATH VS
CERTIFICATION	Squa 20a. ACCIDENT WAS	(c)		lower	lip			EN IN PART 1(o)	PERFO	AUTOPS) PRMED?
MEDICAL CE	20c. TIME OF INJURY Haur a.m. p. m.	MEDICAL EXAMINER) Manth, Doy, Year	20d. INJURY OCCURRED While Not while of work	20e. PLACE foctor	: OF INJURY (Hame, 1 y, street, office bldg.,	farm, 20f. (City	y or town)	(Count	у)	(State
	actual signature The	erten E. St.	Codoca Trom		, 1954, to courred at 8:0 , 48 Mai	ADDRESS (S	the causes an treet, city ar tawn,	stote)	ite stated	d abave
22 F	BURIAL, CREMATION REMOVAL (Specify)		22c. NAME OF C Deer Pa	EMETERY OR C	netery	22d. LOCA Sma	TION (City, town, o	or county) Carrol		le)
23	FINERAL DIRECTOR'S	SIGNATURE D	ADDRESS Westminst	er, Me	3	OCT 21		strar's signat		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11939

114	(1)4		CERTIF	ICATI	OF DEATH	H		YA D	114	200	1
1. PLACE OF DEATH o. COUNTY Cari	roll		MARYL		o. STATE Maryle	Where decease	b. COUNTY	on: Residen	ce befor	co.	ion) ,03
b. CITY OR TOWN (I RURAL and give no Sykesville	f outside corporate limit carest tawn)		days, 12 h		C. CITY OR TOWN (I		orote limits, write R	URAL ond	give nea	rest town	1)
d. NAME OF HOSPIT OR INSTITUTION Springfie	AL (If not in hospitol, g				d. STREET ADDRESS	deen Ro	adet				FARM?
3. NAME OF DECEASED (Type or print)	Sadi	e e	Middle		Kanzler	4. DATE OF DEATH	Mon O	ct.	Do:		Year 1960
s. sex Female	6. COLOR OR RACE White	7. MARRIED			6-9-72		9. AGE (In years dast birthday) yrs.	Manths	1 YEAR Days	1F UNDI Haurs	ER 24 HR Min.
Oa. USUAL OCCUPATION during mast of work	DN (Give kind of work or king life, even if retired)	lone 10b, KIN	ND OF BUSINESS OF	r industr	Maryland	_	country)		S.A		OUNTRY
3. FATHER'S NAME	ert McElw	ee			Jenn:	ie Jord	ion	32			
1S. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of se		CIAL SECURITY NO.	. 17, INFO		tal red	ords	ress			
	ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Anta	for (o), (b), ond (c).]		eart Disea	ase.			ONS	RVAL BE ET AND	DEATH
Canditions, if a gove rise to i couse (a), stating lying cause lost.	m mediote the under-				osclerosis					EES	
t pzed.	HER SIGNIFICANT CON	ndrome	TRIBUTING TO DEA	rteri	osclerosis	ceret	oral and	gener	al-	9. WAS PERFO YES	AUTOPS' ORMED?
(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OF	CCURRED.	Enter nature of injury	in Part I ar Po	ort II of item 18.)				
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Doy, Yes	While at wark [_ Not while	20e. PLAC factor	OF INJURY (Hame, for y, street, office bldg.,	etc.)	ty or town)		County)		(State
21. I certify the	at (1) (this haspital) attended 9 –	40	Ham	O-4 -	35 _M , fram	10-9- the causes a				(we) la d abave
220. SIGNATURE	tris del	Com		м.		MED. DIRECTOR				22	BIGHTE
22c. PHYSICIAN'S NAME (Type)	Agustin de	l Car	po. M.D.		Sykesvil	le,Mar	yland.				
230. BURIAL, CREMATIC REMOVAL Specify	23b. DATE THERECO	/ _	Boltimo	-	emeteru	23d. LOCA	ATION (City, town,	or county)		(Sta	te)
24. FUNERAL DIRECTOR	2 2	305 H	andoress andord R		250, RE	CT 1 3 '6		ISTRAR'S S			

TO HOSPITATE RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hors; after death. Page 4 may be read by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 54 the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Baard at Health priar to burial, crematian, ar remaval, and in any everythin 72 haurs after death.

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MEDICAL CERTIFICATION

1255

PLACE OF DEATH 5. COUNTY	2. USUAL RESIDENCE (WH		If instituti	an: Reside	ence befo	ore admission	n)
Carroll MARYLAND	Marylan		. COUNT	Carr	coll		
c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Sykesville, M. Li years	COOKSV.		nits, write R	URAL and	give ne	arest town)	
d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION Sykesville	d. STREET ADDRESS Cooksv.	ille				e, IS RESII ON A I	ARM?
NAME OF First Middle DECEASED (Type or print) Richard P. H. Kelley	Last	4. DATE OF DEATH OC	Mon	th 3.	Do	-/	60
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AG	E (In years	IF UNDE	R 1 YEAR	IF UNDER	
Male White WIDOWED DIVORCED	May 3, 1908		birthday) 2 yrs.	Months	Doys	Haurs	Min.
. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (State	ar foreign country)		12. CI	TIZENO	F WHAT CO	UNTRY?
during most of working life, even if retired)	Monroland			T	I.S.	Α	
Clerk Springfield State Hospital	Mary Land	JAME			JaDal	8.4	
James B. Kelley	Bertha Pl						
	INFORMANT		Add	ratt			
s, no, or unknown) (If yes, give war or dates of service)		(-	
Unknown 155-12-6150 M	rs. H. H. Kel	Ley (Wif	e) C	ooks	ville	May	yla
18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).]						ERVAL BET	
PART I. DEATH WAS CAUSED BY:	CORONARY ARTER	rtr			ON	SET AND I	
113 2	CONUMARY ARTER	•				hour	
Tally DUE TO	Water Street, Square and the						
Conditions, if ony, which (b)							
gave rise to immediate DUE TO							
cause (a), stating the <u>under-</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIV	EN IN PA	ART 1(0)	PERFOR	UTOPSY MED?
, (c)				EN IN PA	ART 1(0)	PERFOR	MED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PI		Part I or Part II of	tem 18.)		(County)	YES	MED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While Not while at work at work 21. 1 certify that (1) (this haspital) attended the deceased fram.	PLACE OF INJURY (Hame, farm octory, street, office bldg., etc.	Part I or Part II of	rn)	19_	(County)	PERFOR	(State)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Notify Not while Not while at work Death Bu 20d. INJURY OCCURRED While Not while at work 20d. INJURY OCCURRED While Not while at work 21. I certify that (I) (this haspital) attended the deceased fram. 21. I certify that (I) (this haspital) attended the deceased fram. 22. I certify that (I) (this haspital) attended the deceased fram.	ED. (Enter nature of injury in PLACE OF INJURY (Hame, farm octory, street, office bldg., etc	Part I or Part II of	rn)	19_	(County)	PERFOR YES)	(State)
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TO HOSPIT. AR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 him by be reliefly by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 of the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72, hours ofter death. VR A15 (4) 15M 9/59

after death. Page 4

filed with

ond

the funeral

BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF

FUNERAL DIRECTOR'S SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d. LOCATION (City, tawn, ar county)

2So. REC'D BY REGISTRAR Frederick, Maryland DATEOCT

Frederick, Maryland
REGISTRAR 25b. REGISTRAR'S SIGNATURE arilun S. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11235 1256 CERTIFICATE OF DEATH Reg. Dist. No. al director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY b. COUNTY MARYLAND Funeral b. CITY OF TOWN LIE outside corposote limits, write C. LENGTH OF STAY IN 16 RURAL and give nearest tawn) c. CITY OR TOWN Libertable corpore rits, write RURAL and give nearest town pe shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO puo NAME OF First 4. DATE Last Year DECEASED (Type or print) DEATH 19 (0 6. COLOR OF RACE 5. SEX 9. AGE (In years / birthdoy) 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BISTHPLACE (State or faceign country) 12. CITIZEN OF WHAT COUNTRY? carban 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME physicion remave 15. WAS DECEASED EVER IN U. S'ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 72 ottending CAUSE OF DEATH [Enter only one couse per fine for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO mit. ony Canditians, if any, which signed gove rise to immediate DUE TO catse (o), stoting the undernessmo puo lying cause last. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY remayal, PERFORMED? YES NO X 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 0 S 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year (County) (Stote) Haur o. m. factory, street, office bldg., etc.) While Not while ot work ot work 21. I certify that Vattended the deceased fram. 1908 that I fast saw the deceased alive an and that death accurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL pe shauld PHYSICIAN'S NAME (Type) FUNER က 220. BURIAL, CREMATION 225. DATE THEREOE 214. NAME OF CEMETERY OF CREMATORY COCATION (City, town, of cough) poge (State) REMOVAL (Specify) 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR DATE OCT

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAR

BALTIMORE 1, MARYLAND

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	111	957		CERTIFI	CAT	E OF DEATH	74-7			11	25	5
1	. PLACE OF DEATH	roll		MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Maryla		b. COUNTY	Ten 50	to.C		100
	b. CITY OR TOWN (III RURAL and give ne Syke svill	outside corporate limi orest town) LE		rs.lmo.6d		c. CITY OR TOWN (If or Baltimo			JRAL ond	give neo	rest town	4
	d. NAME OF HOSPIT. OR INSTITUTION Springfie	AL (If not in hospital, geld State H	lospita	ress)		d. STREET ADDRESS 5506 Mod	cello	Road				SIDENCE A FARM?
3	3. NAME OF DECEASED (Type or print)	Fir Marg	garet	Middle Eliza	beth	lost Kummer	4. DATE OF DEATH	Octo		25	-	Yeor 19 6
S	Female	6. COLOR OR RACE White	7. MARRIED			May 16, 1919	9	9. AGE (In years lost birthdoy)	Months	Doys Doys	Hours	ER 24 HR Min.
	during most of work Salesgin	ing life, even if retired	done 10b. KIN	ND OF BUSINESS OR	INDUST	TRY 11. BIRTHPLACE (Stole of Maryland		ountry)		J.S.		COUNTRY
1		A. Kummer				Nettie B						
	S. WAS DECEASED EVER (Yes, no, or unknown)	R IN U. S. ARMED FOR If yes, give war or dates of s		CIAL SECURITY NO.		FORMANT Springfield Ho	ospita	Addr al Record				31=1
		nmediote ()		1 B1	ronchopneumon	ia			ONS	ERVAL BE	DEATH
1012101	Schizoph:	renic read	ction,	hebephren	ic t				'EN IN PAI	₹T 1(o) 1	PERFO YES	ORMED?
	20c. TIME OF INJUR	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Ye	or 20d. INJU	URY OCCURRED 2	20e. PLA	CE OF INJURY (Home, form ory, street, office bldg., etc.	, 20f. (City	or town)	((County)		(Stot
	21. I certify that saw the decease 220. SIGNATURE 22c. PHYSICIAN'S			the deceased f	fram.S	Sept. 14, 19	60,100	the causes an			stated	
Hea	NAME (Type) 23a. BURIAL, CREMATIO REMOVAL (Specify)			ae, M.D.	TERY OR	Springfiel		TION (City, town,		ille	, Md	
1	19/12/19/24. FUNERAL DIRECTOR'S	~ i	305 LA	ADDRESS SELECT	P	250. REC'I	2 7 '6		STRAR'S SI			d

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be read by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 3y the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board at Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.

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VR A15 (4) 15M 9/59

after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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o. COUNTY Car	roll		MARYLAND	2. USUAL RESIDENCE a. STATE Marv	(Where deceased liv land	b, COUNTY	Carroll	
RURAL and give r		ts, write c. L	ENGTH OF STAY IN 1E	V			JRAL and give ned	arest town)
d. NAME OF HOSPI OR INSTITUTION	<u>nevtown</u> TAL (If not in haspital, g	jive street oddre	ss)	d. STREET ADDRESS	Taneyto	wn		e. IS RESIDENCE ON A FARM? YES NO
B. NAME OF DECEASED (Type or print)	Fir Eve		Middle Elizabeth	Lawrence	4. DATE OF DEATH	Mont Octobe		Year 1960
5. SEX	6. COLOR OR RACE	7 7 7	NEVER MARRIED	B. DATE OF BIRTH	300000	AGE (In years last birthdoy)	IF UNDER 1 YEAR Manths Doys	IF UNDER 24 HI Hours Min
Female	White			June 22, 19		40	12 CITIZENI OI	F WHAT COUNTR
during most of wor Housewif	king life, even if retired)	home home	DUSTRY 11. BIRTHPLACE (SI	and	ntry)	T.S.	
S. FATHER S NAME								
	rt Eyler				Heffner			
(Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		AL SECURITY NO. 17	INFORMANT		Addr	ess	
				Mr. Wilbur La	wrence, 1	Caneyton	vn, Md. F	R.D.
		7	D 10 10 2 2 2 1					31
Conditions, if gave rise to cause (o), stating lying couse lost PART II. 01	the under-	Rapi	Hary Ac	lenocarcia Un not related to the te	ioma o	f Ova	7/45 (EN IN PART 1(o)	PERFORMED?
gave rise to cause (a), stating lying couse lost PART II. O1 PART III. O1 OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIF	immediate DUE TO	Pape DITIONS ONT	HOW INJURY OCCUR	SENOCATO IN NOT RELATED TO THE TE	OMA O	Sound Condition GIV		PERFORMED? YES NO
gave rise to cause (o), stating lying couse lost PART II. O1 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	immediate the under DUE TO (c) HER SIGNIFICANT CON AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Ye	20b. DESCRIBE	HOW INJURY OCCUR	Lenocarcia UT NOT RELATED TO THE TE	RMINAL DISEASE C	Sound Condition GIV	EN IN PART 1(o)	PERFORMED? YES NO
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gave rise to cause (a), stating lying couse lost PART II. OT 20a. ACCIDENT WOOR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Haur a, m. p. m. 21. I certify the saw the decect 22a. SIGNATURE	immediate the under Country (c) AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Ye 19 at (I) (this haspita	20b. DESCRIBE ar 20d. INJUR While at wark	HOW INJURY OCCUR Y OCCURRED Not while at work the deceased from	PLACE OF INJURY (Hame, factory, street, office bldg., t death accurred A.D., PHYS.	erminal Disease Corin Port I or Port II or Port II or Port II or Port II form, 20f. (City or etc.)	Soundition GIV of item 18.)	(County)	YES NO (Sta
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gave rise to cause (a), stating lying couse lost PART II. OT 20a. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIF) 21. I certify the saw the decect 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATI	immediate the under DUE TO (c) THER SIGNIFICANT CON AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Ye at (I) (this haspital ased alive an 1000 considered and 1000	20b. DESCRIBE ar 20d. INJUR While at wark I) attended OF 20c. INJUR 20d. INJUR A Wark 10 attended 20c. INJUR 20d. IN	HOW INJURY OCCUR Y OCCURRED Not white at work 1960, and tha	PLACE OF INJURY (Hame, foctory, street, office bldg., M.D. PHYS. 22d. ADDRESS OR CREMATORY	erminal Disease of the Port I or Port I or Port I or Port II or Po	CONDITION GIV of item 18.) r town) Plo ne causes and STAFF PHYS. ON (City, tawn, come, Carry	(County) , 160, the date of t	PERFORMED YES NO (State) (State)

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should be	XX		PLACE OF DEATH G. COUNTY D. GRADE D. COUNTY D. COUN	before admission)
Ple sp	XI)		6. COUNTY COUNTY DE MARYLAND O. STATE CULTE 6. COUNTY DE	llo
ony, oge		1	b. CITY OR TOWN (It outside corporate limits, write RURAL and gir and give nearest town)	ve nearest town)
o by			Haupstead I day upperas - Rural	
phior t	X	L	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 03X-2	e. IS RESIDENCE ON A FARM? YES NO D
ny dela unero! your i egistrar			NAME OF DECEASED (Type or print) CLAUDE-E Middle LEIGHT DEATH GET 30	- 19 60
h. If a o the funded for the re		5. :	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 11-9-1859 9. AGE (In years light birthday) Months Day WIDOWED DIVORCED 12-9-1859 70 yrs.	
ond 3 to ond 3 to oretoii	,_	100	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN Marchael Wellsch	OF WHAT COUNTRY?
s 1, 2, may b may b	(1	13.	FATHER'S NAME. Charles Leight 14. MOTHER'S MAIDEN NAME Charles Leight 14. MO	
Pages Poge 5	10	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address N. no. or unknown) Allyza give wor or doles of service) 13 - 10 - 7/777114 A Horney Steryley - Hours	ited Ind
Give		-	Als is infinitely to the first the f	
n PM			18. CAUSE OF DEATH [Enter only one cause per lipe for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Tractured Situate Situate	ONSET AND DEATH
Herr Phen			812 × DUE TO	
- Kriting			Conditions, if ony, which auto Accident gove rise to immediate couse	
hauld pencia along buria			(a), stoting the underlying cause last.	
fice os o		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
s O in o	0	3		YES NO
d 'pen aminer		L CERTIFI	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Pedestrian - struck by automobile	
the war licol Ex 3 shot	06	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) Hampstead Carr	
Pog Pog			21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry	Nand find that
write Nief			deoth resulted from: Notural couses, Accident Z Suicide, Homicide, Undetermined couse	
ificote, if the Ch			ACTUAL SIGNATURE FRANCES I MANS M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
he h	2		EXAMINER'S TAMES THARS H DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY D	10/30/6
cute the forwords O FUNER, or remov		220	D. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
VS. A15ME(5)	83	23.	EDNERAL DIRECTOR'S SIGNATURE. ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE.	
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260	CERTIFICA	ATE OF DE	AIH		TIL	0 ()
	MARYLAND	o. STATE	NCE (Where decease	b. COUNTY		
	c. LENGTH OF STAY IN 16		WN (If autside carp	orate limits, write RU		
(If not in hospital, give street ad	9 years			1	~ ~	e. IS RESIDENCE
State Hospital		809 Vi	olet Place	,		YES NO
First William	Middle	Lindner	4. DATE OF DEATH		h Do	y Year 19 60
6. COLOR OR RACE 7. MARRIE	DE NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Manths Days	Hours Min.
(Give kind af wark dane 10b. KI	_	1		1		F WHAT COUNTR
		-			U.S.A	١.
dner						
N U. S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17.			Addre	ess	
yes, give wall or outes or service;	5	pringfield	State Ho	spital Re	cords	
DUE TO (b) Cong mediate e under. DUE TO (c) Arte	estive Heart	Failure				
sychosis, parano	oid with hype	ertension a	and genera	alized art		PEREORMED?
UNDERLYING 20b. DESCR CAUSE OF DEATH EDICAL EXAMINER)	RIBE HOW INJURY OCCUR	RED. (Enter noture of i	injury in Port I ar Pa	rt II af item 1B.)		
While	Not while	PLACE OF INJURY (Ho foctory, street, affice b	ome, farm, 20f. (Citolog., etc.)	ry ar tawn)	(County)) (Star
(I) (this hospital) attended olive on 10 / 12	d the deceased fram	death occurred	017:115W, from	10/12 the causes one	, 19_60 , to d on the dot	
S. marg	olin	M.D. ATTENDING PHYS. 22d. ADDRES		STAFF PHYS.	11/12/	22b. DATE SIGN
	. 86 73	0 4	01 7 1 01	1. 77 11	. 7	
llis S. Margoli	23c NAME OF CEMETERY		field Sta	TO HOSPIT		(State)
		OR CREMATORY		rekingles		29.C
S I I I I I I I I I I I I I I I I I I I	(If not in hospital, give street on State Hospital First William C. COLOR OR RACE White Widowed (Give kind of wark dane) (DIVE TO (EDITO (CONDET) (CONDET	I Length of STAY IN 16 gest town) State Hospital First Middle William Adam COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DI	State Hospital Stat	Uside corporate limits, write est town 9 years C. CITY OR TOWN (If autside carposes town) 9 years Silver Spring C. CITY OR TOWN (If autside carposes town) 9 years Silver Spring C. CITY OR TOWN (If autside carposes town) State Hospital Solver Spring C. CITY OR TOWN (If autside carposes town) Silver Spring Silver Spri	2. USUAL RESIDENCE (Where deceased lived. If institution is control of the property of the p	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before STATE

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	TO SECTION AND RESIDENCE ASSESSMENT OF THE PROPERTY OF THE PRO	

		MAKILAND STATE DEPAKTMENT OF HEALTH
0	1000	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
	1/3/	CERTIFICATE OF DEATH

	11232	CERTIFICA	TE OF DEATH) et	11240
	PLACE OF DEATH C. COUNTY CARROLL	MARYLAND	a. STATE Maryla	b. COUNTY	on: Residence before admission) Carro //
1	b. CITY OR TOWN (If outside corporate limits, write RURA) and give nagrest tawp) NANCHESTER	3 weeks	X Green	utside corporate limits, write R	Maryland
,	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	ree home)	d. STREET ADDRESS		e. 1s RESIDENCE ON A FARM? YES NO
1	NAME OF DECEASED (Type or print) Charles	HENRY	MALaky.	4. DATE OF DEATH OCTOB	ev 11 1960
S. S	MALE While WIDOW	RRIED NEVER MARRIED DIVORCED DIVORCED	Echoberion	9. AGE (In years last birthday) 8 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	. USUAL OCCUPATION (Give kind of work done 10 during most af warking life, even if retired)	ANNING FACTOR	y Maryl	and	12. CITIZEN OF WHAT COUNTRY?
)	HErry Mahaley			tina Kaugle	
	(If yes, give war or dates of service)	216-09-0695	Mrs Chas	Mahaley 1	Marchester Md
	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the under- lying couse last. (c)	line far (a), (b), and (c)	CINEBIU S	Lomach	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT TO FIC CAPCIO ESCRIBE HOW INJURY OCCURRE	Cascular I	Disease	VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	Hour o.m. Whi	· fo	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.		(County) (Stote)
	21. I certify that (I) (this haspital) after saw the acceased alive an OCT. 220. SIGNATURE 26. PHYSICIAN'S NAME (Type)	11 1960, and that o	ATTENDING ME		1960, that (1) (we) last and on the date stated above. 22b. DATE SIGNED
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town,	or county) (State)

25b. REGISTRAR'S SIGNATURE

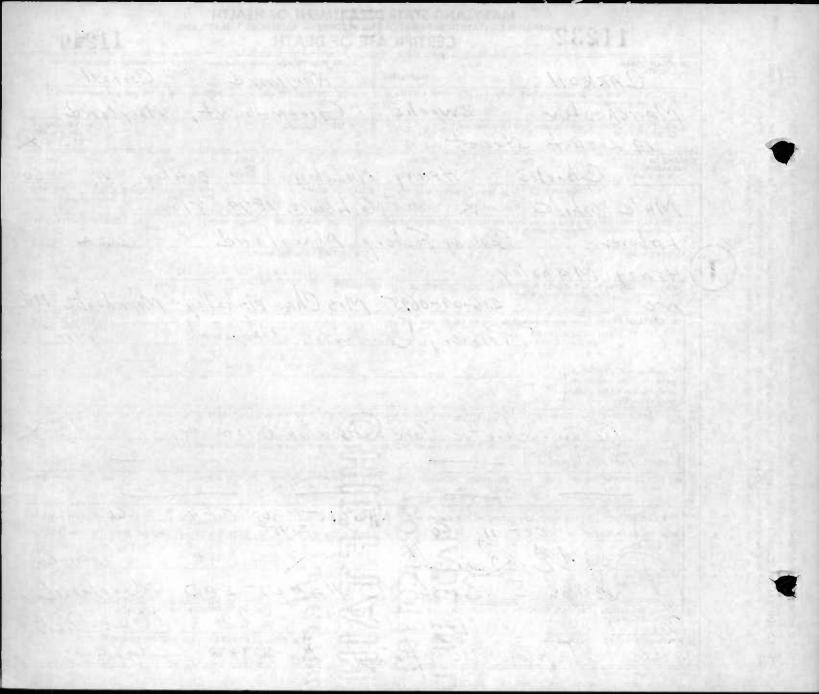
Chilling S. House

250. REC'D BY REGISTRAR DATE OCT 1 4 '60

ADDRESS

TO HOSPIT VR A1S (4) 1SM 9/59

24. PUNERAL DIRECTOR'S SIGNATURE



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEDTICICATE OF DEATH

11241

(State)

	RURAL and give nearest town) Sykesville d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Springfield State Hospital MAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE WIDOWED OUSUAL OCCUPATION (Give kind of work dame during most of working life, even if retired) Tallor FATHER'S NAME Unknown WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give wor or dates of service) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. C. B.S. assoc. with circ. dist. psychotic reaction Rena 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 201. I certify that (I) (this hospital) attended the saw the deceased alive on 10/7/60 19		LKIIII	CA	IL OI DE				100					
1. P	LACE OF DEATH	1600		-4151			2. USUAL RESIDE	NCE (W	here deceased	l lived. If institution	ın: Reside	nce befor	e admiss	ian)
		rroll			MARYL	AND	0. 0	Mar	yland	b. COUNT	Ba	Ito.	City	7 10
b	CITY OR TOWN (IF	autside carporate limit	s, write	c. LENGT	H OF STAY	N 1b	c. CITY OR TO	WN (IF	autside carpo	rate limits, write RL				
				3yrs	.2mos .:	17 d	avs	Bal	timore		V	0 1	-	4
c	NAME OF HOSPITA	AL (If not in haspital, g	ve street				d. STREET ADD	DRESS				-	e. IS RES	IDENCI FARM
		eld State	Hosp	ital			307 He	erri	ng Cou	rt		500	YES 🗌	
	NAME OF				Middle		Lost		4. DATE	Mani	h	Day	,	Year
		Jo	hn				Masijausl	cas	OF DEATH	Octob	er	7.		1960
5. S	EX	6. COLOR OR RACE	7. MARI	RIED IK I NE	VER MARRIEI		. DATE OF BIRTH	Lab		9. AGE (In years	IF UNDE	RIYEAR		
	Male				DIVORCED	-	January	1.	1868	last birthday) 92 yrs.	Manths	Days	Haurs	Min.
0a.	USUAL OCCUPATIO	N (Give kind af wark o	ane 10b.	KIND OF	BUSINESS OR	INDUS	TRY 11. BIRTHPLAC	E (State	ar foreign co	iuntry)	12.CI	IZEN OF	WHATC	OUNTR
	Tailor	ing life, even if refired)			_		Lithu	iani	.a		Na	tura	lize	d
3. 1	FATHER'S NAME				7.1		14. MOTHER'S M	_						
	Unknown						Ur	ikno	NATTO					
	H22	DUE TO				- V- 1	t failure		cular d	isease		ONS	24 h	ırs.
N	lying cause last.	he under- DUE TO (c)	DITIONS	CONTRIBUT	ING TO DEA	TH BUT	NOT RELATED TO T	HE TERA	AINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1	9. WAS	AUTOPS
CERTIFICATION	psychot	cic reactio	n.	Renal	nephr	osci	erosis.		0.1111 25				YES E	RMED?
-4	20c. TIME OF INJURY Hour a.m.	Manth, Day, Yea	While	Not	while		CE OF INJURY (Ho tary, street, affice b			ar tawn)		(Caunty)	•	(Sto
	Carroll Carroll Carroll Carroll Carroll Colly OR TOWN (If autside carporate limits RURAL and give nearest town) Sykesville In NAME OF HOSPITAL (If not in haspital, given the collection of the collection	attend 17/6	ded the	deceased f	from 2 that d	/14/60 eath accurred			October '				,	
		0 P		2	11		ATTENDING							b. DATE

may be relied by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 should be detached far use as the burial-transit permit. The State Baard of Health priar ta burial, cremation, ar remayal, VR A1S (4) 15M 9/59

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after death. Page 4

2 shauld be filed with the funeral directar

Fiely filled Pages 1 death.

and compl dod

ond in any event, within 72 haurs after

23b. DATE THEREOF 23a. BURIAL, CREMATION,

23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel

Springfield Hospital, Sykesville, Md. 23d. LOCATION (City, tawn, or caunty) (State) O'Donnell St. Balto.

24. FUNERAL DIRECTOR'S SIGNATURE

22c. PHYSICIAN'S

ADDRESS

25a. REC'D BY REGISTRAR DATE OCT 1 1 '60

25b. REGISTRAR'S SIGNATURE Cilling S. Kraus

DUDA 7922 Wise Avenue

Raymond Gladue, M.D.

22d. ADDRESS

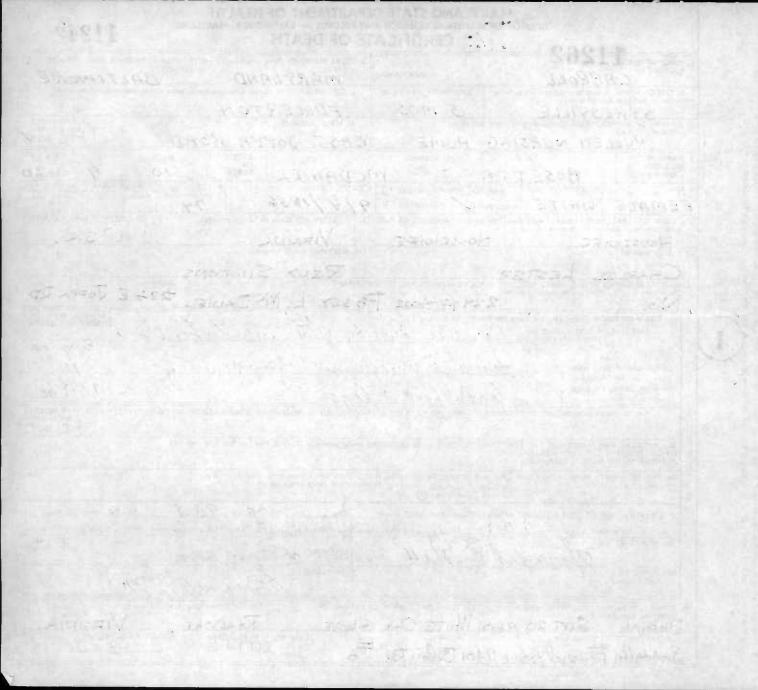
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	CA	RROLL		MARY	LAND	mA	RYLA	DNP	b. COUNT	BAL	TIV	MOR	PE
			ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	OWN (If ou	utside corpor	rote limits, write	RURAL ond	give nea	rest town)
				5 mo.	5.	FUL	LER	TON	/	03	X	-1	
1	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street od	ddress)		d. STREET AL	DDRESS				- 1	e. IS RES	DENCE FARM?
		EN NURS	NG	HomE	1	FAST	JOE	PA	ROAD				NO D
1 3	NAME OF	DOWN (If outside corporate limits, write of control of the control of the corporate limits, write RURAL and give near the property of the corporate limits, write RURAL and give near the property of the corporate limits, write RURAL and give near the property of the corporate limits, write RURAL and give near the property of the corporate limits, write RURAL and give near the property of the corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits, write RURAL and give near the ROSPITAL (If outside corporate limits,	v 1	Year									
	(Type or print)	DE TOWN (If outside corporate limits, write and give nearest town) SYNKSYLE S MOS STITUTION STITUTION FOR POSPITAL (If not in hospital, give street oddress) STITUTION MIDDER STITUTION STITUTION STITUTION STITUTION MIDDER STITUTION STITUTI	mo		IEL	DEATH		-	9	1	1960		
S	. SEX	MARYLAND DR TOWN (II outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest to and give nearest from) SY HESSYLLE SMOOTH SMO		R 24 HRS. Min.									
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	during mast af work	ing life, even if retired	done 10b. KI		2	VIE	RGIDA		ountry)	12.CI	U S	WHATC	OUNTRY?
	-	- 1				-							
1			CES? 14 SC	OCIAL SECURITY NO	17. INFO	RMANT	()>	DUNE		dress			
	Yes, no, or unknown)	If yes, give war or dates of s	ervice) 2:	29-14-400	2 7	SEY.	LM	CDA	WiEi	34 8	= 10	A99	Ro.
F	1B. CAUSE OF DEA	TH [Enter anly one co	use per line	for (o), (b), and (c).]					1.	INTE	RVAL BE	TWEEN
1	PART I. DEAT	TH WAS CAUSED BY:	, Ca	r dier Co	geres ?	L. ar	leria	celva	lerkear	& Din	Le. 0143	LI AND	DEATH
1	let-					1			1		6	mali	60
	Conditions, if or	ny, which)	Aire	ero antes	uncle	rosis)	Sil	inde	112 11		1	to	
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1		ine <u>under-</u>	les	the feet	+ 60	155.		,	L		9	out	60
1	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DE	ATH BUT NO	RELATED TO	THE TERMIN	VAL DISEASI	E CONDITION G	IVEN IN PA	RT 1(0) 1	9. WAS	AUTOPSY RMED?
	3												NO 🗆
- 1	OR CONTRIBUTING	☐ CAUSE OF DEATH	20b. DESCR	RIBE HOW INJURY O	CCURRED. (Enter nature of	injury in P	art I or Part	II of item 1B.)				
1	Hour a.m.		While	Not while					or town)		(County)		(Stote)
	21. I certify that	t (I) (this haspital) attende	d the deceased	fram	ment	19	Co ta	gour		lee, th	at (I) (we) last
	saw the deceas	ed alive an9	act	19 (co and	that dea	th accurred	1017:30	M, fram	the causes o	and an t	he date	stated	abave.
1	22a. SIGNATURE	2/	.15	F 8/11		ATTENDING	A ME	D	STAFF			221	SIGNED
	22c. PHYSICIAN'S	HIM	12 4	o Harc	M.E			RECTOR L	PHYS.				
	NAME (Type)						H	Then	welle,	m	d.		
2	3a. BURIAL, CREMATIO	N, 23b. DATE THEREC	OF	23c. NAME OF CEM	ETERY OR C	REMATORY		23d. LOCAT	TION (City, town	, or county)	(Stat	e)
	BURIAL (Specify)	SEFT. 20.	1960	WHITE O	AK G	NOW.		Raw	Voke	1	VIRO	Silvi.	A
2	4. FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS	0 4		25a. REC'E				2 10		
	Bossaln.	Temeral Ho	me 74	to Below 7	El tt	6.	DATE	161 1 4	00	Culhun	S. th	Aus	



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11243

1. PLACE OF DEATH o. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATMARYLAND b. COUNTY Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town bine Life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural— Woodbine
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION $R \bullet F \bullet D \bullet 1$	d. STREET ADDRESS $\begin{array}{cccccccccccccccccccccccccccccccccccc$
COUNT CATTOIL CITY OF TOWN (if outside corporate limits, write CITY OF TOWN (if outside corpor	
COUNT CATTOL MARYLAND CITY OF TOWN Iff outside corporate limits, write CLENGTH OF STAY IN 16 LIFE LIFE COUNTY COUNTY (If outside corporate limits, write RUPRAL and give necrest from) LIFE COUNTY COUNTY (If outside corporate limits, write RUPRAL and give necrest from) REPORT COUNTY RESTRUCTION R. F. D. 1 AND OF CHASSTIAL (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHASSTIAL (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHASSTIAL (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHASSTIAL (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHASSTIAL (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHASSTIAL (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHASSTIAL (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHAST (If Notes on State of Chast (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHAST (If Notes on State of Chast (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHAST (If Notes of Chast (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHAST (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHAST (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHAST (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHAST (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHAST (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHAST (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHAST (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHAST (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHAST (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHAST (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHAST (If not in hospitol, give street oddress) R. F. D. 1 AND OF CHAST (If not in hospitol, give street oddress) R. AND OF STATE (If not in hospitol, give street oddress) R. AND OF STATE (If not in hospitol, give street oddress) R. AND OF STATE (If not in	
Practical Nurse State Hosp.	Color Carroll Carrol
(Yes, no, or unknown) (If yes, give war or dates of service)	rs. Mary C. Miller, Same as 2
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) EM BOLISM O DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-	F CORONARY ARTERY ONSET AND DEATH 30 MIN -
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CONCRETED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 🔀
	ED. (Enter noture of injury in Port I or Port II of item 18.)
Hour o. m. While Not while fo	
saw the deceased alive on 10/3 1960, and that a	death accurred at 5000 M, from the causes and an the date stated above.
Cottawanh.	M.D. ATTENDING MED. STAFF PHYS. 10/3/60
NAME (Type) WM H. LAWSON, Jr., MI	- A
	C. CIENGTH OF STAY IN 16 LIFE C. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) RURAL—— Woodbine C. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) RURAL—— Woodbine C. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) RURAL—— Woodbine C. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) RURAL—— Woodbine C. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) RURAL—— Woodbine C. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) RURAL—— Woodbine C. STREET ADDRESS C. BATE D. 1 ADATE D. ACE (in your in FUNDER I YEAR IF UNDER ADDRESS) ACE (in your outside Corporate limits, write RURAL and give negrest town) J. R. BATE D. 1 ADATE D. ACE (in your outside Corporate limits, write RURAL and give negrest town) J. C. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) J. C. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) J. C. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) J. C. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) J. C. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) J. C. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) J. C. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) J. C. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) J. C. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) J. C. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) J. C. CITY OR TOWN (if outside corporate limits, write RURAL and give limits, on the State of the Corporation (in the course) J. C. CITY OR TOWN (if outside corporate limits, write RURAL and give limits, on the Course and an the date stated ADDRESS J. C. CITY OR TOWN (if outside corporate
C. M. Waltz, Winfield, Maryla	and DATE OCT 7 '60 archur S. Kinns

VR A15 (4) 1SM 9/59

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VR A1S (4) 1SM 9/59

11264

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

a. COUNTY	Carroll (OR TOWN (If outside corporate limits, write AL and give neorest lown) ykesville ME OF HOSPITAL (If not in hospitol, give street oddress) INISTITUTION pringfield State Hospital OF First SED AL OCCUPATION (Give kind of work done of the working life, even if retired) DOTER OF SED AL OCCUPATION (Give kind of work done of the working life, even if retired) DOTER OF First Henry 6. COLOR OR RACE WIDOWED AL OCCUPATION (Give kind of work done of the working life, even if retired) DOTER OF FIRST HENRY 6. COLOR OR RACE WIDOWED AL OCCUPATION (Give kind of work done of the working life, even if retired) DOTER OF FIRST HENRY (If yes, give wor or dotes of service) OCAUSE OF DEATH [Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CARCIDENT WAS UNDERLYING DUE TO ONTRIBUTING CAUSE OF DEATH THER, NOTIFY MEDICAL EXAMINER; ONTRIBUTING CAUSE OF DEATH THER, NOTIFY MEDICAL EXAMINER; TIME OF INJURY Month, Doy, Year ONTRIBUTING CAUSE OF DEATH THER, NOTIFY MEDICAL EXAMINER; TIME OF INJURY Month, Doy, Year ONTRIBUTING OLD OND ON	N	C STATE						
RURAL and give ne	orest town)		F-127-4			nils, write RURA	L and give	nearest taw	n)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, g	give street oddress)		d. STREET ADDRESS		•		ON	A FARM?
3. NAME OF DECEASED (Type or print)			iddle	Lost Moran	4. DATE OF DEATH	Manth Octobe			Year 1960
D. CHYON (If outside corporate limits, write SURAL and give nearest form) SURAL and give memorate lown) SURY and a survey and a sur	Y								
during mast of wark	IN (Give kind of work ing life, even if retired	done 10b. KIND OF BUSINE	SS OR INDUS		ar fareign country)				COUNTRY?
13. FATHER'S NAME	Moran							45	
Carroll Maryland									
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	TH WAS CAUSED BY:	Concinomo		gs				NSET AND	DEATH
gave rise to it couse (a), stating lying cause last.	the <u>under-</u> DUE TO	:) :) :Dittons contributing to	o DEATH BUT Onic ty	NOT RELATED TO THE TERMI	nal disease con	DITION GIVEN	IN PART 1(o	PERF	ORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DESCRIBE HOW INJU	RY OCCURRED). (Enter noture of injury in l	Part I or Port II af	item 18.)			
20c. TIME OF INJUR Haur a. m. p. m.		While Not while_				wn)	(Coun	ty)	(Stote)
a. COUNTY Carroll b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 Style STATE (If not in hospital give stream oddress) Syles wille d. MAME OF ORGATIA. (If not in hospital, give stream oddress) Springfield State Hospital d. MAME OF ORGATIA. (If not in hospital, give stream oddress) Springfield State Hospital d. STREET ADDRESS Lost 1633 S. Charles St. 1	d abave. 2b. DATE SIGNED /19/60								
MOVAL (Specify)	b. CITY OR TOWN (if autside carporate limits, write RURAL and give nearest form) Sykesville d. NAME OF HOSPITAL (if not in hospitol, give street oddress) OR INSTITUTION Springfield State Hospital NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE White WIDOWED 10. KIND OF BUSINESS OR INDUSTRY 11. AMORE TO DIVORCED 12. Fathers NAME Timothy J. Moran S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [If yea, give war or delaw of service) NO 18. CAUSE OF DEATH [Enter only ane couse per line for (a), (b), and (c).] PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL COUNTY MEDIATE CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20. ACCIDENT WAS UNDERLYING 20. CITE OF INJURY Manth, Doy, Year 20. ACCIDENT WAS UNDERLYING 20. CHER OF INJURY MANTH, DOY, Year 20. ACCIDENT WAS UNDERLYING 21. I certify that (I) (this haspital) attended the deceased from. 21. I certify that (I) (this haspital) attended the deceased from. 21. I certify that (I) (this haspital) attended the deceased from. 21. I certify that (I) (this haspital) attended the deceased from. 220. ACCIDENT WAS UNDERLYING of a work of a deceased from and that death of a work of a deceased dive an October 220. FIRAL CREMATION. 230. PIRAL CREMATION. 230. DATE THEREOF 231. NAME OF CEMETERY OR CREMATION. 241. AM. D. PH. 242. PHYSICIAN'S NAME (Type) Julian Radcykowycz, M. D.	R CREMATORY ROSS 250. REC'	23d JOCATION (City, tawn, ar a	aunty)	(Sto			

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Page of Health aral director. Page Boar State in pencil in Item 18. Give Pages 1, 2, and 3 to the fun Office along with form PM3. Page 5 may be retained the age 5 may be 1 and 2 with t pages 1 within 7 This certificate should be executed within permit. Office along with burial-transitrperm Examiner's 98 pe nsed cremation, Medical pluods prior to

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY Maryland Carroll e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) vears Sykesville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Sykesville Sykesville NAME OF 4. DATE Middle Month DECEASED Oct. 30, 1960 PTOKETT (Type or print) Charles Summers DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | birthday) Months June 15, 190 mal WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working lile, even il retired) Carpenter Maryalnd 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Summer Pickett Olevia Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive war or dates of service) 217-01-9844 Mrs. Elizabeth M. Pickett. No 18. CAUSE OF DEATH [Enter only one ceuse per lina for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: Near-contact gunshot would of head IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which ease execute the certificate, writing the word "pending" gave rise to immadiate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of itam 18.) 20e. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING Found shot in head CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) fectory, street, office bldg., etc.) While Not While Sykesville at work et work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection . Inquiry death resulted from: Natural causes Accident . Suicide | Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE W. Bradley King, Jr., M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Addrass (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Nov.3,1960 Burial Morgan Chapel Cemetery 40 Carroll 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE NOV 2 arthur S. Kraus C. M. Waltz, Winfield, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

Carroll

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YES NO X

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Hours

12. CITIZEN OF WHAT COUNTRY?

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(County)

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INTERVAL BETWEEN ONSET AND DEATH

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Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STAT 1, MARYLAND

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	a. COUNTY						2. USUAL RESI	DENCE (Wh	nere deceased			: Resident	e before	admiss	ion)	
	Carroll MARYLAND							Maryland b. COUNTY Montgomery								
	b. CITY OR TOWN (IF RURAL and give new Sykesvill	arest town)	IN 16	_	TOWN (If o	utside carpo	rote limits, v	write RUF	AL and g	give near	est tawn	2				
1	d. NAME OF HOSPITA		give street	t oddress)			d. STREET A		March 1	14.1	- 1	-	e.	IS RES	DENCE FARM?	
		eld State H	lospi	tal			6912	Woods	ide Pl	ace					NO 💽	
7	3. NAME OF	Fir	Last 4. DATE Month							,	reor .					
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1	13. FATHER'S NAME						14. MOTHER'S	MAIDEN N	NAME							
	Peter Wil	son Potts					Mary	Eliza	abeth	Kello	ough					
1	S. WAS DECEASED EVER			. SOCIAL SI	ECURITY NO.	17. INF	ORMANT		7.1		Addres					
Ш	Yes, no, or unknown) (unknown) (If yes, give war or dates of service)						field	Hospi	tal R	ecor	ds				
-	1B. CAUSE OF DEA	TH [Enter only ane co	ouse per l	line for (o),	(b), ond (c).			1					INTER	VAL BE	TWEEN	
	PART 1 DEATH WAS CAUSED BY.												ONSET AND DEATH			
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		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HO	W INJURY O	CCURRED	(Enter nature o	of injury in I	Part I ar Par	t II of item	1B.)					
	20c. TIME OF INJURY Haur a.m. p. m.	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a. m. 20f. (City ar town) (County) (State)														
	21. I certify tha	t (I) (this haspita	l) atten	ded the	deceased	fram	9/19/60) 19		10/1	.5/60	19_	, tha	it (I) (we) last	
	saw the deceas	ed alive an 10	/15/6	50_19	and	that de	eath accurre	d a8:4	5 a.m.	the caus	es and	an the	date	stated	abave.	
	22a. SIGNATURE	22a. SIGNATURE													DATE	
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F	23a. BURIAL, CREMATIO					ETERY OR	CREMATORY		23d. LOCA	TION (City,	tawn, or	county)		(Stot	e)	
	REMOVAL (Specify)	10/17/	60	Lo	udon	Ponl	Ceme	terv	Bal	timor	e.	Md.				
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEATH o. COUNTY	Carroll		MARYI		o. STATE	where decease	d lived. If institu b. COUNT		e before odmis	-			
	b. CITY OR TOWN (IF	outside corporate limi	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		orote limits, write	RURAL ond g					
	RURAL ond give ne	rvton		4,453 da	VE	Sparrows Point								
	d. NAME OF HOSPITA		ive street		10	d. STREET ADDRESS	10110	2 0 1 1 1 0	. 3.0	e. IS RE	SIDENCE			
3	OR INSTITUTION	Henryton	State	Hospital		724	I Str	eet C	13X-		A FARM?			
3.	NAME OF	Fir		Middle		Lost	4. DATE	M	onth	Day	Yeor			
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S.	SEX	6. COLOR OR RACE	7. MARR	HEDE NEVER MARRIE	D 8.	DATE OF BIRTH		9. AGE (In year lost birthdoy)	s IF UNDER	YEAR IF UND	1			
	Male	Negro	WIDOWE			ugust 27.	1913	47 yr		Doys Hours	Min.			
10	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OF	R INDUSTR	Y 11. BIRTHPLACE (Stote	e or foreign o	country)	12. CITIZ	EN OF WHAT	COUNTRY?			
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13.	FATHER'S NAME	I III CI				14. MOTHER'S MAIDEN								
	S	tephen Pr	estor			Josephin	e Hun	ter						
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	. 17. INFO				dress					
(Y	No (1	If yes, give war or dates of s		718-12-944	4 D	ouglas Pres	ston -	Patien	t					
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		TH WAS CAUSED BY:	TT.	emorrhage						ONSET AND DEATH				
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	couse (o), stoting the under-													
z	lying couse last.) (c)										ALITOREY			
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\5			190							YES] NO []			
CERTIFICATION	(IF EITHER, NOTIFY	☐ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CCURRED.	Enter noture of injury in	Port I or Po	rt II of item 18.)						
MEDICAL	20c. TIME OF INJURY	Month, Doy, Ye		NJURY OCCURRED		E OF INJURY (Home, for		y or town)	(C	ounty)	(Stote)			
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	22c. PHYSICIAN'S	1			741.	22d. ADDRESS	JIKECTOR A	FR13. 🔲		10-10-	00			
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23	BURIAL, CREMATION			23c. NAME OF CEME				TION (City, town) (Sto				
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EXAMINER: This certificate shauld be exe	writing the ward "pending" in pencil in Ite	ief Medical Examiner's Office along with f R: Page 3 shauld be used as a burial-transi	
L EXAMINER: This certificate should be exe	writing the ward "pending" in pencil in Ite	hief Medical Examiner's Office along with f OR: Page 3 shauld be used as a burial-transi	
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AEDICAL EXAMINER: This certificate shauld be exe	rifficate, writing the ward "pending" in pencil in the	ta the Chief Medical Examiner's Office along with f DIRECTOR: Page 3 shauld be used as a burial-transi	
AEDICAL EXAMINER: This certificate shauld be exe	ertificate, writing the ward "pending" in pencil in the	d to the Chief Medical Examiner's Office along with f IL DIRECTOR: Page 3 shauld be used as a burial-transi	
AEDICAL EXAMINER: This certificate shauld be exe	irrificate, writing the ward "pending" in pencil in the	I to the Chief Medical Examiner's Office along with f AL DIRECTOR: Page 3 shauld be used as a burial-transi	vol.
MEDICAL EXAMINER: This certificate shauld be exe	irtificate, writing the ward "pending" in pencil in the	c. 1 to the Chief Medical Examiner's Office along with f RAL DIRECTOR: Page 3 shauld be used as a burial-transi	ovol.
"UN AEDICAL EXAMINER: This certificate shauld be exe	the striffcate, writing the ward "pending" in pencil in the	are is the Chief Medical Examiner's Office along with ferral DIRECTOR: Page 3 shauld be used as a burial-transi	mayal.
EPUY AEDICAL EXAMINER: This certificate shauld be exe	the trifficate, writing the ward "pending" in pencil in the	varce 1 to the Chief Medical Examiner's Office along with f INERAL DIRECTOR: Page 3 shauld be used as a burial-transi	emovol.
DEPUY AEDICAL EXAMINER: This certificate should be exe	te the Intificate, writing the ward "pending" in pencil in the	rward () to the Chief Medical Examiner's Office along with f UNERAL DIRECTOR: Page 3 shauld be used as a burial-transi	removal.
DEPUT AEDICAL EXAMINER: This certificate should be exe	ute the trifficate, writing the ward "pending" in pencil in the	arward is to the Chief Medical Examiner's Office along with f FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transi	r removal.
DEPUT AEDICAL EXAMINER: This certificate should be exe	cute the critificate, writing the ward "pending" in pencil in the	farward 1s the Chief Medical Examiner's Office along with f > FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transi	or removal.
TO DEPUT AEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please exe-	cute the Artificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral pectar. Page 4 should be	farward I to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your set. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, crematian.	or removal.

VS. A15ME(5) 5M 9/55

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11268 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11248
1.	PLACE OF DEATH O. COUNTY PLACE OF DEATH O. COUNTY PLACE OF DEATH O. STATE AMARYLAND 2. USUAL RESIDENCE (Where deceated lived. If Institution: Residence before admission) O. STATE AMARYLAND D. COUNTY O.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ordering better level (LEIS: Kural 2 468) **The Class Rural 2 468)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
L	NAME OF DECEASED (Type or print) ARTHUR TRUING PAUS BACK DEATH Day Year PAUS PAUS BACK DEATH DEATH Day Year 19 60
L	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED 18. DATE OF BIRTH 9. AGE (In years lost birthday) yrs. Windows Months Doys Hours Min. yrs. 12. CITIZEN OF WHAT COUNTRY?
L	during most of working life, every if retired) Jeweley Fully Lindians 3. FATHER'S NAME 14, MOTHER'S MAIDEN NAME
1	Lerennah Stanlaback When & Bustian Address 16. Social Security NO. 17. INFORMANT Address
	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary Oschusion
	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost.
CERTIFICATION	V
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) While Not while of work 19 of work 19
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry and find that death resulted from: Notural couses . Accident , Suicide , Homicide , Undetermined cause .
	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSI
22	EXAMINER'S AMES MARE (Type) AMES MARE (T
1	O- BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 22d. LOCATION (City, town, or county) (Stote) 22d. LOCATION (City, town, or county) (Stote) 22d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Colevaril Defeption Harrefaction My DATE OCT 28'60 Circum S. Kinns

	STREET MEDICAL BLAMINER'S
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	789-72
	AND THE RESERVE OF A COMMENT OF A STREET
Germaniana E.	

	1126	DIVISI Jem 23a, b		STATIST	CERTIFI		E OF D		MORE 1,	MARYLAND		1:	124	9		
1.	PLACE OF DEATH						2. USUAL RESID	ENCE (WI	ere decease	d lived. If institut		nce befo	re admiss	sian)		
		roll			MARYLA	ND	d. SIAIL	Mary!	land	b. COUNTY	Wa	shir	ngtor	n V		
	b. CITY OR TOWN (I	f autside carporate limit	s, write	c. LENG	GTH OF STAY IN	1 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)									
	Sykesvill	Le		11	month		Shar	rosbu	cg		21	X	de.			
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If nat in haspital, g	ive street	address)			d. STREET A	DDRESS					e. IS RES	SIDENCE A FARM?		
		eld State H	ospi	tal			306	W. CI	naplin	e St.] NO [
3.	NAME OF	Fire	it		Middle		Last		4. DATE OF	Ma	nth	Do	у	Year		
	DECEASED (Type ar print)	Dell	a l	May	Drenne	r	Renr	ner	DEATH	Octob	er	30).	1960		
5.	SEX	6. COLOR OR RACE	7. MARE	HED TO	VEVER MARRIED		DATE OF BIRTH			9. AGE (In years	IF UNDE		-	ER 24 HR		
	Female	White	WIDOWI	ED []	DIVORCED		May 25,	, 1881	1	76 yrs.	Manths	Days	Haurs	Min.		
10		N (Give kind of work of		KIND O	F BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (State	or foreign c	country)	12. CI	IZEN OF	WHAT	COUNTRY		
2	Housewife	ing life, even if retired)			_		Mar	ylan	d			U.S.	Α.			
13	. FATHER'S NAME						14. MOTHER'S							- 11		
	Silas Dre	enner					1	lary	Jane I	Domer						
		R IN U. S. ARMED FOR		SOCIAL	SECURITY NO.	17, INF	ORMANT			Add	ress					
{Y	es, no, or unknown) No	(If yes, give wor or dates of se	rrvice)		-		Springfi	ield l	Hospit	al Recor	ds.					
F	1B. CAUSE OF DEA	TH [Enter anly one ca	use per li	ne far (a)), (b), and (c).]				- 1			INT	ERVAL BE	ETWEEN		
		TH WAS CAUSED BY:				iwo	nephrit	rie					SET AND	-		
	Hany	IMMEDIATE CAUSE (o	au	u ve	anphar a	TAG	He hin T	OTO					r wee	22.		
	Canditians, if a		R4	late	ral bror	oho	pneumoni	1 0					l wee	ok.		
	gave rise to i		24.	La ve	tal of of	ICITO	Dire amori.						L WG	DEL .		
	lying cause last.	the under-														
CERTIFICATION		ier significant con ssociated w	ith	contrib seni	uting to DEAT Le brain	H BUT N	NOT RELATED TO	THE TERM	INAL DISEAS	SE CONDITION GI	VEN IN PA	RT 1(a) 1	PERFS	AUTOPS		
TIF	20a. ACCIDENT WA	S UNDERLYING C	20b. DES	CRIBE HO	OW INJURY OC	URRED	. (Enter nature a	f injury in	Part 1 ar Pai	rt II af item 1B.)						
GE	(IF EITHER, NOTIFY	MEDICAL EXAMINER)														
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Yeo	20d. II While at war	No	CCURRED 2 at while wark		CE OF INJURY (I ary, street, affice			y ar tawn)		(Caunty)		(State		
Н	21 I certify tho	t (I) (this haspital	attend	led the	deceased f	rom S	ept.30.	. 19	60 . to]	10/30/60	19	. 11	not (I) ((we) la		
		ed olive an 10														
	22a. SIGNATURE	0 0		1	0/1/	Tur us	Jan ascorre		2.47.41.0111			o dane		2b. DATE		
	Table Silver	J. Ray	4411	d	Tha W	LL	ATTENDING	G M	ED.	STAFF PHYS. [2]		10	0/31	160		
	22c. PHYSICIAN'S NAME (Type)	0					22d. ADDRE						-			
	TAAME (Type)	J. Raymon	d Gl	adue	, M.D.		Sprin	ngfie.	ld Hos	spital, S	ykesi	rille	e, Mo	d.		
23	la. BURIAL, CREMATIO		F	23c. N	IAME OF CEMET	ERY OR	CREMATORY		23d. LOCA	TION (City, tawn,	ar caunty)		(Sta	ite)		
-	REMOVAL (Specify)	11/2/196	0-		Mt. Vie	w C	emeterv		SI	narpsbur	g. M:	arvl	and.			
24	FUNERAL DIRECTOR	S SIGNATURE		00	PORESS	7.05	NAL	2Sa. REC	D BY REGIS	TRAR 25b. REG	ISTRAR'S S	IGNATU	JRE			
6	Leaf Fune	rai home,	Wil.	liam	sport, M	ld.	In a.	DATE	NOV 2	'60	Cethar	A. 74.	ana			

Activities of the resolution and the second IV neven for - Marine To Marine to a Marine to the . The second particular of the second Show Follows All and . He get the rise of the transfer of the first Mark Hard Street

VR A1S (4) 1SM 9/S9

11270

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11250

IN	PLACE OF DEATH COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery							
1	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Rural—Sykesville	c. LENGTH OF STAY IN 16 Ly. 3m. 15d.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park, Maryland 5 7 - 2							
5	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Springfield State Hospital		d. STREET ADDRESS 9 Pine Street		e. IS RESIDENCE ON A FARM? YES NO					
	3. NAME OF First DECEASED (Type or print) Fannie	Middle H obdy	Richmond	4. DATE Month OF 10	3 19 60					
	s. sex 6. color or race 7. marr widows		8. DATE OF BIRTH 9/14/1869		UNDER 1 YEAR IF UNDER 24 HRS. Conths Days Hours Min.					
1	10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDU	Ohio		12. CITIZEN OF WHAT COUNTRY?					
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME						
	David Swan		Minerva H							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. of unknown) (If yes, give wor or dates of service)		nformant Oringfield Hosp	Address pital records, S						
	18. CAUSE OF DEATH [Enter only one cause per lir PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate cause (a), stating the under-	Cardiac infar Arteriosclero	otic heart disc		noterval Between onset and Death hours years					
C	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Chronic Brain Syndrome associated with senile brain disease with psychosis [15] NO 22 OR CONTRIBUTING CONSCIPLING CONTRIBUTING CONTRIBUTION CONTRI									
	=	Not while fo	PLACE OF INJURY (Hame, farm octory, street, affice bldg., etc.		(Caunty) (State					
	21. I certify that 00 (this hospital) attends saw the deceased alive an 10/3		death accurred at8:55	M, fram the causes and	, 1960, that 30 (we) last an the date stated above.					
	220. SIGNATURE R: Lec S.	Pahn		D. STAFF	22b. DATE 10/4/60					
	22c. PHYSICIAN'S NAME (Type) Rita S. Glahn,	Hospital								
	230. BURIAL, CREMATION, 236. DATE THEREOF 960	23 NAME OF CEMETERY	ugler Century	23dylocation (City, town, or of Charles Glarge C	County) (State)					
1	2. FUNERAL DIRECTOR'S SIGNATURE 254 Co	wall Dirw.	DATE DATE	DEFENETRAR 60 256. WEGISTE	AR'S STONATURE					

ATTEL T But British Barrell California in Line 1990

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11251

	N	1
be filed with	(1	-
ond 2 should	0	
Poges	nours ofter death.	
	popers. Poges 1 and 2 should be filed with	Poges rer death.

the attending physicion and pleose moy be received by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by

R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

VR A15 (4) 15M 9/59

	1. PLACE OF DEATH o. COUNTY					USUAL RESIDENCE (Whe	ere deceased		an: Residenc	e before adm	nission)
(M)	Car	roll		MARYLAND		d. STATE Maryl		b. COUNTY		timore	
	 LOUND OF TOWN (I RURAL and give no 	f outside corporate lime	its, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If a	utside corpore	ate limits, write R	URAL and gi	ive nearest ta	iwn)
	Sykesvill			5mos.lldays		Baltimore	21		03	C- X	
AIF	d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in haspital,	give street	oddress)		d. STREET ADDRESS				e. IS R	ESIDENCE A FARM?
015	-	ld State H	ospit	al		7206 Gol	den Ri	ing Road	- 61		NO Z
	3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Man	th	Day	Year
	(Type or print)	Ge	orge			Riess	DEATH	Octob	per	13,	19 6
3	S. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years		YEAR IF UN	
	Male	White	WIDOW	ED DIVORCED		pril 12, 18	87	73.3 yrs.	Months	Doys Hour	rs Min.
	10a. USUAL OCCUPATIO	ON (Give kind af work ing life, even if retired	dane 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stote of	ar tareign co	untry)	12. CITIZ	EN OF WHA	COUNTRY
	Bartende		'	-		German	v		Nat	uraliz	ed
:	13. FATHER'S NAME				1.	MOTHER'S MAIDEN N	AME				
	Jacob Ri	ess				Anna - S	Schmid	t			
/_	15. WAS DECEASED EVE			SOCIAL SECURITY NO. 17.	INFOR	MANT		Addi	ress		
	No	(It yes, give war or dates of :	ervice	212-30-3247	S	pringfield :	Hospit	al Recor	rds		
	18. CAUSE OF DEA	TH [Enter anly ane co	use per li	ne for (a), (b), and (c).]						INTERVAL	BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	. Br	on chopneumoni	9	hilateral				ONSET AN	VS.
	400	DUE TO		. Orronopric unioni		OIL OUT AL				2 40	,,,,
· V	Conditions, if o	ay which)									
	gave rise to in	mmediote (,		-						
	couse (o), stating lying couse lost.	the under-									
5		IER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH BE	IT NO	PELATED TO THE TERMIN	NAI DISEASE	CONDITION GIV	EN IN PART	1(a) 19 WA	S AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Pre-senile psychosis.									PER YES	FORMED?
7	E 20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	nter noture of injury in P	ort I ar Part	II of item 18.)			
		MEDICAL EXAMINER)									
	20c. TIME OF INJUR Hour a. m.	Y Manth, Doy, Ye			PLACE	OF INJURY (Home, farm, , street, office bldg., etc.)	20f. (City	or town)	(C	ounty)	(State
	p. m.	19	While at war	TAOL MILLS	,						
	21. I certify tha	t (I) (this haspita	l) attend	ded the deceased fram	Se	pt. 15. 19	60, toQ0	t. 13.	1960	_, that (1)	(we) las
				19 60 and that							
2	22a. SIGNATURE	0	4	0.11							22b. DATE
	1	Romen	d	Gloden	M.D.	PHYS. DIE	D. RECTOR	STAFF PHYS.		10/1	4/60
	22c. PHYSICIAN'S					22d. ADDRESS	774				
12-13	NAME (Type)	J. Raymond	Gla	adue, M.D.		Springfiel	d Hosp	oital, S	ykesvi	lle, M	id.
	23a. BURIAL, CREMATIO	N, 23b. DATE THERE	OF .	23c. NAME OF CEMETERY	OR CE	EMATORY	23d. LOCAT	ION (City, town,	or county)	(\$	tate)
1	REMOVAL (Specify)	10-19-1	960	Low Don-P	201	In Com.	Bal	Dimo	2 m	1ary	Lar 20
ak	24. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		25a. REC'D	BY REGISTE	RAR 25b. REGI	STRAR'S SIG	NATURE	
(4),	Lassahw?	Funeral He	m 7	401 B. Loint	20-1	DATE OC	T 1 7 '6	0 a	Thur S.	thous	
1					-						

19811 11 Carlott, bond in The Contract of the Contract o Divinent stell and an a cropping a few organic later of a parties and a partie of the control of the co The state of the state of di uvu Continue to the topological and the services and the services and the services are the services and the services are the services and the services are the serv AND STREET OF BROOK AND ADDRESS.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

11252 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNT MARYLAND c. LENGTH OF STAY IN 16 b. CITYOR TOWN (If outside carporate limits, write CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO NAME OF 4. DATE Year Middle Month Day DECEASED DEATH (Type or print) 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED last birthday) Manths Hours Min. Days DIVORCED WIDOWED IV 12. CITIZEN OF WHAT COUNTRY? 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1%, BIRTHPLACE (State or fareign country during most of working life, even if retired) 14. MOTHER'S MAIDEN MAME 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. INTERVAL BETWEE 1B. CAUSE OF DEATH [Enter only ane couse per line far (o), (b), and (c). ONSET AND DEAD Arteriosclerotic Heart Disease PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Benign Prostatic Hypertrophy YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING | OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stole) 20c. TIME OF INJURY (County) Month. Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) o. m. While Nat while of work at wark Jan 1960 October 29 , 1960, that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased fram. . 19_60, and that death occurred ot 4.70M, from the couses ond on the dote stated above. saw the deceased alive_on_ 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. PHYS DIRECTOR -22d. ADDRESS 22c. PHYSICIAN'S .Porterizel Hampstead, md. NAME (Type)

23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23o. BURIAL, CREMATION, REMOVAL (Specif Qui PAL DIRECTOR'S STONATUR

23d. LOCATION (City, town, or county (Stote) 25h. REGISTRAR'S SIGNATURE

2Sa. REC'D BY REGISTRAR DATE NOV '60

1SM 9/59

TE IN STREET TO SHADOW STREET NAME OF STREET A TO COLOR OF THE PROPERTY OF Market and the second of the s 71=.00=200=201 the state of the second section of the second

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

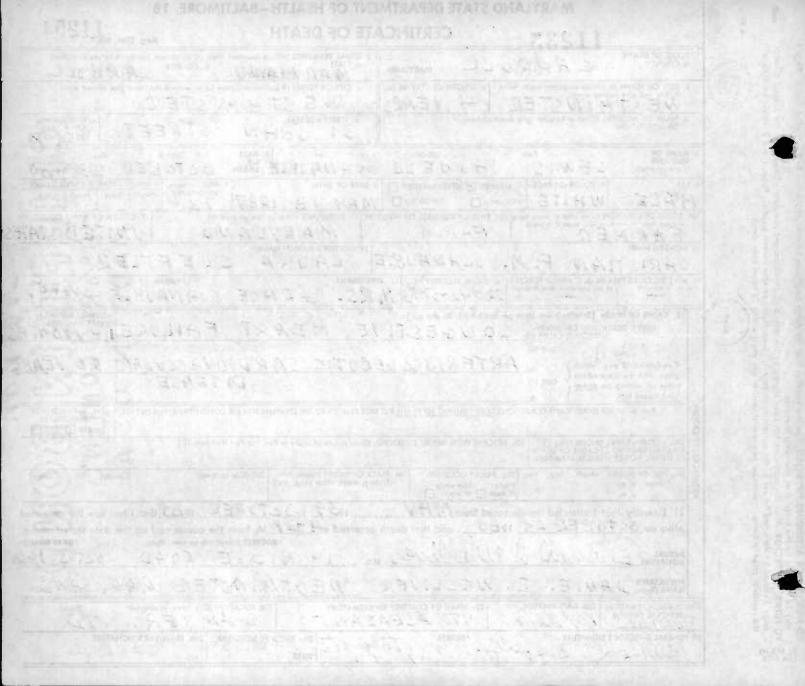
	DIVISION OF	SIMILITIEME VESENVOIL VIAN	WECOKD3	- DAL
273		CERTIFICATE	OF D	EATH

11253

	o. COL	OF DEATH			м	ARYLAND	2. USUAL RESIDENCE o. STATE Marylar		b. COUNTY		before adr	missian)	
	b. CITY	OR TOWN (IF	outside corporate lim	its, write	c. LENGTH OF S	TAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
•		AL ond give ne			3 da	ys \	Ellicot	tt City		3 x -	-2		
	d. NAA	d. NAME OF HOSPITAL (If nat in hospital, give street address)					J. STREET ADDRES	S			e. IS	RESIDENCE	
3	He	enryton	State Ho	spit	al		19 New	cut Ros	ıd	5 16		N A FARM?	
-	3. NAME DECEA		Fi			ddle ander	Rogers	4. DATE OF DEATH	Mor Octob		Day	Year 19 60	
	S. SEX	, prini)	6. COLOR OR RACE	rge				DEAT				NDER 24 HRS	
		ale	Negro	WIDOW	RIED NEVER MA	RCED	8. DATE OF BIRTH 1-?-1908		9. AGE (In years last birthdoy) 52 yrs.		ays Hou		
	10a. USUA	AL OCCUPATIO	N (Give kind of work	done 10b	. KIND OF BUSINES	S OR INDU	STRY 11. BIRTHPLACE (S	tote ar fareign	cauntry)	12. CITIZE	N OF WHA	AT COUNTRY?	
		g most at wark andscar	ing life, even if retired	1)			Grani	te. Md.		U	. S.	A.	
		R'S NAME	701				14. MOTHER'S MAIDE	-					
							Ollie						
		ill Rog				Towns		натт					
1	(Yes, no, or	unknown] [(R IN U. S. ARMED FOI If yes, give wor or dates of	(anima)	. SOCIAL SECURITY		NFORMANT	D	Add				
	No		- 17 - Y	2	20-24-37	64	George A. 1	Kogers	- Patier	10		-12-7-7	
	18. C		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c				insuffici	encv			INTERVAL ONSET A	BETWEEN ND DEATH	
	17	-0			arulovas	Culai	THEATITOT	ency					
		27	DUE TO				of both l	1170 Ca	d ~~~~				
		ditions if ar			ystic ai	sease	OI DOCH I	ungs an	d pheumo	MILLIE	-		
		gove rise to immediate couse (o), stating the <u>under-</u>											
	lying	lying couse last. (c)											
	O	PART II. OTH	ER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEA	SE CONDITION GI	VEN IN PART 1	(o) 19. W	AS AUTOPSY RFORMED?	
	CAT									,		□ NO □	
	CERTIFICATION OB OD OB OD	ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJUR	Y OCCURRE	D. (Enter nature of injur)	y in Part I or Pa	ort II of item 18.)	157		- 44	
				1001		100 01	ACC OF BUILDY III	f 005 (0)				151	
	20c. T	Hour o.m. p. m.	Y Month, Doy, Ye	While	INJURY OCCURRED Not while ork of wark		ACE OF INJURY (Home, ctory, street, affice bldg.,		ty or town)	{Co	unty)	(Stote	
	21. 1	certify tha	t (I) (this haspita	l) atten	ded the decea	sed fram.	Sept. 28,	1960 , to	Oct. 1,	1960), that (l) (we) las	
	saw	the deceas	ed alive an Oc	t. 1	19 60,	and that a	death accurred at	915M, fram	the causes ar	nd an the	date sta	ted abave	
		SIGNATURE S	dgars M.			49						22b. DATE SIGNED	
			agers ""	11/2	enlary	My II -	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.			3101122	
		PHYSICIAN'S					22d. ADDRESS						
		Time (Type)	dgars M.	Macu	lans, M.	D.	Henryto	on Stat	e Hospit	al, He	enryt	on, M	
		AL, CREMATIO OVAL (Specify)	N, 23b. DATE THERE	OF V	230 AME OF	ansterice	, h	230,100	ATION Kity, town,	or county)	rd!	State)	
-	24. FUNE	RAL DIRECTOR	SSIGNATURE		ADDRESS	1111	25a.	REC'D BY REGI	STRAR 256. REG	ISTRAR'S SIGN	VATURE	- 5	
	The.	un K1	of there	16	Rile	5 82	mod DATE	007 1 2	*60	. *	4		

And the second of the second o . In , asting the THE PROPERTY OF THE PROPERTY O and the or from the first of the Late of the Control of the Contro A Committee of the comm dereit M. Bernauth, M. D. De Bitena burn ill batta linuatella, frankrigetan, dell'

10	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7	11235 CERTIFICATE OF DEATH Reg. Dist. No. 1254
I director, filed with	1. PLACE OF DEATH O. COUNTY CARROLL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE MARYLAND CARROLL MARYLAND CARROLL
he funeral thould be f	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WESTMINSTER 4 YEARS WESTMINSTER
d 2 sh	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS ON A FARM? YES \(\sigma \) NO A FARM?
filled filled and ges 1 an	3. NAME OF DECEASED (Type or print) LEWIS HOWELL SCHNAUBLE DEATH OCTOBER 23 1960
d within 2 oletely fille rs. Pages	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH MALE WHITE WIDOWED DIVORCED MAY 18 1887 7. MARRIED NEVER N
nd camp no pape death.	100. USUAL OCCUPATION (Give kind of work done done during most of working life, even if retired) FARM MARYLAND 12. CITIZEN OF WHAT COUNTRY? WITED STATES
ician ar e carbo rs after	13. FATHER'S NAME CHRISTIAN F. M. SCHNAUBLE LAURA CLEFFLER
ng phys remay 72 haur	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 220-12-50/3 M. RS. GRACE SCHNOUBLE (WIFE)
attending of the property of t	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CONGESTIVE HEART FAILURE S MONTHS
by the hit. The hit even	Conditions, if ony, which) OD ARTERIOSCLEROTIC CARDIOVASCULAR 20 VEARC
require an, sit pern	gove rise to immediate code (a), stating the under-lying couse lost. DUE TO DISEASE
he law physici nas beer rial-tran naval. c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
Ficate Financial Ficate Financial Ficate Financial Finan	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
phriston bis cert vise as emotion	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. Hour a. m.
haspine haspin haspine haspine haspine haspine haspine haspine haspine haspine	21. I certify that I oftended the deceased from MAY, 1959, to CTOBER, 1960, that I last saw the deceased olive on OCTOBER 13, 1960, and that death occurred of 43 P.M. from the causes and on the date stated above.
d by the certor or to bu	ACTUAL SIGNATURE DUILED DUILER MD. 19 R D & R D AD OCT 23 1946
BERAG DIR	PHYSICIAN'S DANIEL I. WELLIVER WESTMINSTER MARYLAND.
5 9 8 8 8	220. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 10/26/60 MT. PLEASANT GAMBER. MD.
VS A15 (4)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS VESTINGISTE 240. REC'D BY REGISTRAR'S SIGNATURE Carilly S. Kraus



TO HOSPIT

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11255

1.	PLACE OF DEATH o. COUNTY	am a rimos (2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	Carroll	MARYLAND	Maryland Carriel
	b. CITY OR TOWN (If outside carporate limits, write RURAL ond give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
6	Votrumaler	9450.	All Isturnatus;
	d. NAME OF HOSPITAL (If nat in haspital, give street of OR INSTITUTION	address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	74 lat. Million.	T:	74/W. Green IT YES NO A
3.	NAME OF First	Middle	Last 4. DATE Month Day Year
	OECEASED (Type or print) PAUL	SH	IPLEY DEATH OFF 19 1960
5.	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1	male White WIDOWE		Feb-20. 1889 717/2 yrs.
100	 USUAL OCCUPATION (Give kind of wark dane during mast af working life, even if retired) 	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
1	etised Karasier		West numster mil U.S.a
13.	FATHER'S NAME	0, -,	14. MOTHER'S MAIDEN NAME
	Dr. Daniel 4. 1	heple.	Heneviewe Lacarbert
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT Address
(10	(If yes, give war or dates of service)	- 2	no Paul Sheple Sens allres
F	18. CAUSE OF DEATH [Enter only one cause per lin	ne for (o), (b), and (c).	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Winus 8	ONSET AND DEATH
	IMMEDIATE CAUSE (o) DUE TO	02000	Zuns
	Conditions, if any, which)		
	gove rise to immediate!		
	couse (o), stating the under-		
7	lying couse last.) (c)		The state of the s
CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Ĭ.	Parengers	agrans	YES NO 🔼
CERTIF	OR CONTRIBUTING CAUSE OF DEATH	TRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in Port I or Part II of item 1B.)
10	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
SICA	20c. TIME OF INJURY Month, Day, Year 20d. IN Haur o. m. While	.3	LACE OF INJURY (Home, farm, 120f. (City or town) (Caunty) (State) octory, street, office bldg., etc.) !
ME	p. m. 19 at wark	ITOI WILLIE	
	21. I certify that (1) (this haspital) attend	ed the deceased fram.	Oct 10, 1949, to Oct 19, 1960, that (1) (we) last
	saw the deceased alive an Oct 15	- 1 11	death accurred AHSIM, fram the causes and an the date stated abave.
	22a. SIGNATURE	322 0.10 1110.	22b. DATE
	Julius Chark	T	M.D. ATTENDING MED. STAFF PHYS. 20/6 SIGNED
	22c. PHYSICIAN'S NAME Type		22d. ADDRESS
L	mondalias Ch	epko	851/2 W. Green St. Westminster Md
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, tawn, ar county) (State)
1	Bures 10/21/60	westme	notes Cemilies bystumely and
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	K. S. myelo	Mertine	rate MATE OCT 21 '60 anitur S. Knows
	1 1 1 1	John Krallon	Little 1. Try

77.511 The state of the s LESS VILLER P. Landerson Oct 10 47 Cet 11 . W The second second 03/12/31 Charle Charles

11274

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11256

	o. COUNTY	roll		MARYL	AND	2. USUAL RESIDENCE Maryland	E (Where deced	sed lived. If institu b. COUNT		e before admission)	
-	b. CITY OR TOWN (If		s, write	c. LENGTH OF STAY IN	v 1b		N (If outside co	porote limits, write	RURAL ond ai	ve nearest town)	
1 ,	RURAL ond give need bykesville			5 years 4 m	nos						
	d. NAME OF HOSPITA	L (If not in hospital, g	ive street	oddress)		d. STREET ADDRE	SS			e. IS RESIDENCE	
S	or institution oringfield	State Hosp	ital			2235 Lamle	y St.	31	0 -	YES NO	
	NAME OF DECEASED (Type or print)	Homer	st	Middle		Slemp	4. DAT OF DEA		onth Der]	Day Yeor 1960	
S.	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH May 10, 19						38	9. AGE (In years lost birthday) 72 yrs	Months [YEAR IF UNDER 24 HRS. Doys Hours Min.	
100	. USUAL OCCUPATIO	N (Give kind of work of	lone 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE	State or fareig	country)	12. CITIZ	EN OF WHAT COUNTRY?	
	carpenter	ng life, even if retired)			1	Virgin	ia		II.	S.A.	
13	FATHER'S NAME					14. MOTHER'S MAIL				<u> </u>	
1.0	Patton Sle	emo					Slemp				
15.	WAS DECEASED EVER	A LLS ARABOGOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Ad	dress-		
(**	NES	1911-14	4	01 01 1483	5	pringfield	State	Hospital	Record	ls	
	18. CAUSE OF DEAT	TH [Enter only one co	use per li	ne for (o), (b), ond (c).]		ППППППППППППППППППППППППППППППППППППППП				INTERVAL BETWEEN	
	PART I. DEAT	H WAS CAUSED BY:	Acut	e Pulmonary	Ede	ma				minutes	
	420	DUE TO					more 9	V3 V=10			
Н	Canditions, if on	v. which)	Arte	rioscleroti	с Не	art Diseas	e			years	
	gove rise to in	nmediate (A TELEST	19.7			
	couse (o), stoting the under-										
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY										
ATIO	CBS-assoc. with circulatory distarbance-cerebral arteriosclerosis										
CERTIFICATION		S UNDERLYING CAUSE OF DEATH		CRIBE HOW INJURY OC							
		,	les t		O 81 A	CE OF BUILDY ALL.	f 005 #		10	(51.1.)	
MEDICAL	Hour o.m.	Month, Doy, Yea	While of wor	Not while		CE OF INJURY (Home lory, street, office bldg	, rarm, 201. (I	City or town)	(Co	ounty) (Stote)	
	21. 1 certify that	(I) (this haspital) attend	ded the deceased f	ram	7-15-	. 1955 , to	,10-16	1960	, that (I) (we) lost	
	sow the decease	ed alive on 10-	16	1960 , and t	hat d	eath occurred at	A M, fro	m the couses o		dote stoted obove.	
	220. SIGNATURE	a Day	UN	ROULSA	1.	ATTENDING	MED. DIRECTOR			22b. DATE SIGNED	
	220 PHYSICIAN'S	.covoco	1	Jew //	~ /N	22d. ADDRESS	DIRECTOR	PHTS. LAS			
	LALANE IT .	Julian Radz	ykew	ycz, MD			Leld Ho	spital, S	ykesvil	lle, Maryland	
230	BURIAL, CREMATION REMOVAL (Specify)	10-19-6		23c. NAME OF CEMET Balto. No	ery or	crematory nal Cemete	23d. LO	CATION (City, town Baltimore			
	FUNERAL DIRECTOR'S		6009	Harford Rd.	(1		REC'D BY REC	9 '60 25b. REC	Cullun .	NATURE S. Krauk	

TO HOSPIT VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIEICATE OF DEATH

11957

	33/-1			CEKTIFICA	IE OF DE	АІП				TT	40 8	
	. PLACE OF DEATH o. COUNTY	rroll		MARYLAND	2. USUAL RESID o. STATE		here deceased yland	l lived. If institution b. COUNTY		ce befor		ion)
	b. CITY OR TOWN (If RURAL ond give nec	prest town)		c. LENGTH OF STAY IN 16 yr.7mos.13days			outside corpor more 12	rote limits, write RI	URAL ond	give ned	rest town	4
1	d. NAME OF HOSPITA OR INSTITUTION		ive street	oddress)	d. STREET AL		E. Bely	vedere Av	e.			DENCE FARM? NO
3	NAME OF DECEASED (Type or print)	J oh:		Middle Alexander	Smoot		4. DATE OF DEATH	Mon Octob	er	16	, 1	eor 9 60
3	s. sex Male	6. COLOR OR RACE White	7. MARE		8. DATE OF BIRTH	15,	1895	9. AGE (In years lost birthday).	Months	1 YEAR Doys	Hours	R 24 HRS Min.
	Manufactu	N (Give kind of working life, even if retired rer of sto		KIND OF BUSINESS OR INDUS		Mary	land	ountry)	12. CIT	U.S		OUNTRY?
1	3. FATHER'S NAME Gerard Smo		d Woo	od Crain Smoot)			NAME Brawn					
	(Yes, no, or unknown) (1	f yes: give wor or dates of s	2 16.	188-01-1320		fiel	d Hosp	ital Reco				
		TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO The mediate (b) DUE TO) Ca	ne for (o), (b), ond (c).] arcinoma of the	larynx					ONS	mont	DEATH
	<u>5</u>			CONTRIBUTING TO DEATH BUT AT ATTENTION CLEY CRIBE HOW INJURY OCCURRE					rase.	T 1(o) 1	9. WAS A	AUTOPSY RMED? NO 🔀
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20c. TIME OF INJURY Medical Examiner 20c. TIME OF INJURY Month, Doy, Year Hour o. m. 40d. INJURY OCCURRED While Not while of work											
	21. I certify that (I) (this haspital) attended the deceased from March 3, 1959, taOctober 16, 1960, that (I) (we) last saw the deceased alive an October 16,960, and that death occurred 6:30RM from the causes and on the date stated above.											
	22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Agustin de	1 Com	77.77	M.D. ATTENDING PHYS. 22d. ADDRE	SS D	AED. DIRECTOR 1.d Hos	staff PHYS. □	rkestr	111=	10/1	7/60
	230. BURIAL, CREMATION REMOVAL (Specify) Burial	10/19/60)F	23c. NAME OF CEMETERY O	R CREMATORY		23d. LOCAT	ION (City, town, daltimore	or county)		(Stote	

DATE OCT 1 8 '60

arthur & Krous

may be record by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any eventantin 72 haurs offer death. VR A1S (4) 1SM 9/59

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPIT

s after death. Page 4

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may be a shield by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician ond completely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

TO HOSPI

VR A1S (4) 1SM 9/59

11277

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11259

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY D. T. C.							
b. CITY OR TOWN (IF	roll outside corporate limi	ts, write c. L	ENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
RURAL and give nea	rest town)		yrs.10mos.1			imore		3	101,4	
d. NAME OF HOSPITA				ET ADDRESS		-0.00		e. IS R	ESIDENCE	
or institution Springfiel	d State H		837 Hamilton Terrace						A FARM?	
3. NAME OF	Fit		Middle	Middle Last 4. DATE Ma						
(Type or print)	Ali	ce	Stanley	_	icker	OF DEATH	Oc	tober	1,	19 60
	6. COLOR OR RACE		NEVER MARRIED	B. DATE OF		7000	9. AGE (In years lost by thdoy)		YEAR IF UN	Y
Female	White	WIDOWED			0 13	1882				
10a. USUAL OCCUPATION during most of workin Secretary	N (Give kind of working life, even if retired	done 10b. KIND)	OF BUSINESS OR INDU	JSTRY 11. BIR	Maryla Maryla		ountry)		S.A.	COUNTRY?
13. FATHER'S NAME					IER'S MAIDEN		ALLEGO .			
William To	ıcker			Blanch	eAda 011	Hara				
1S. WAS DECEASED EVER	IN U. S. ARMED FOR			NFORMANT	,			dress	480	
No	yes, give war or doles or r	216	-07-8024A	Spi	ringfie:	ld Hos	pital Re	cords		
18. CAUSE OF DEAT	H [Enter anily one co	use per line for	(o), (b), ond (c).]						INTERVAL ONSET AN	BETWEEN
PART I. DEAT	H WAS CAUSED BY:	Bron	nchopneumoni	la						days
491	X DUE TO									
Conditions, if on	y, which) (b	1								
gave rise to im	mediate (No.	TILL LITT					
lying couse lost.) (c	:)(:								
PART II. OTHE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?									
Arterios	clerotic	conol 1	ntoxication ascular disc	with pase.	osychot.	ic rea	CCION.		YES	
PART II. OTHER C.B.S. asse Arterios 20a. Accident was or contributing [(If either, notify a	UNDERLYING [HOW INJURY OCCURR		ure of injury in	Port I or Par	rt II of item 18.)			1 = 1 = 1
	MEDICAL EXAMINER)									
20c. TIME OF INJURY Hour a. m.	Month, Day, Ye				JRY (Home, form office bldg., etc.		y or tawn)	(Co	ounty)	(Stote)
Hour a.m.	19	While at work	Nat while at work	ocidiy, sireei,	office blog., en	c.)				
21 I certify that	(I) (this hasnita) attended	the deceased fram.	9/14/0	60 19) ta	10/1/60	19	_, that (I)	(we) last
saw the decease		1/60	19, and that	death acci						
22a. SIGNATURE	10	, (4/1 /			2,747, 11 (311)	THE EGOSES G	na dii ilic		22b. DATE
	H. Koury	and)	Hadell	M.D. PHYS.	IDING D	AED.	STAFF PHYS.		10/	2/60
22c. PHYSICIAN'S NAME (Type)	9				DDRESS					
NAME (Type)	J. Raymon	d Gladu	e, M.D.	S	pringfi	eld Ho	spital,	Sykesv	ille,	Md.
23a. BURIAL, CREMATION REMOVAL (Specify)	, 23b. DATE THEREC	OF 236	. NAME OF CEMETERY	OR CREMATO	RY	23d. LOCA	TION (City, town,	or county)	(S	tate)
Burial	10/4/60	A	11 Hallows	Cem.			sville.	Md		
24 FUNERAL DIRECTOR'S	SIGNATURE	· A	ADDRESS		25a. REC	D BY REGIS	TRAR 2Sb. REG	ISTRAR'S SIG	NATURE	
1	heppy	2 Notes	ro Illia	P 17	DATE	, ,				

TTSTI. 02411 Monte : I our of Man and T. State of Sa indicate State Statement the same and the Tamman St., 1982 - 76 C. a. STREET SEASON NO. THE STREET STREET The state of the s BEERGEN AN INCIDENT The state of the feet of the factor of the state of the s

24. FUNERAL DIRECTOR'S SIGNATURE

24. FUNERAL DIRECTOR'S A MEMBER

24. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12034

25b. REGISTRAR'S SIGNATURE

archur S. Frank

25a. REC'D BY REGISTRAR

'60

)	1127
	1. PLACE OF DEATH o. COUNTY
	b. CITY OR TOWN (IF RURAL ond give neo Henry
3	d. NAME OF HOSPITA OR INSTITUTION Henryton
	3. NAME OF DECEASED (Type or print)
	5. SEX

PLACE OF DEATH O. COUNTY	Carroll		MARY	LAND 2	o. STATE Mary	here decease land	ed lived. If institut b. COUNTY		e before adm	nission)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton 29 days					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore						
d. NAME OF HOSP	ITAL (If not in hospital,	give street odd			d. STREET ADDRESS					RESIDENCE A FARM?	
OR INSTITUTION Henryte	on State H	ospita	1		605	Pierc	e Street			□ NO K	
3. NAME OF DECEASED (Type or print)	Cathe	rine	Middle		lost Walker	4. DATE OF DEATH	Moi 1 1 C		Day 29	Yeor 19 60	
5. SEX Female	6. COLOR OR RACE	7. MARRIED			DATE OF BIRTH	31	9. AGE (In years lost birthdoy)		Days Hou		
10o. USUAL OCCUPAT during most of wo Housewif	rking life, even if retire	done 10b. KIN	ID OF BUSINESS C	OR INDUSTR	Wilmingto		-		S. A.	T COUNTRY?	
13. FATHER'S NAME		1-016			14. MOTHER'S MAIDEN						
)	James Ry	ams			Clara	Reav	es				
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FO (If yes, give war or dates of		CIAL SECURITY NO), 17, INFO	Catherine	Walke		iress			
111	immediate	Caro Fib:	dievascu	lar I	nsufficien s, far adv ulosis		bilater	al		BETWEEN ND DEATH	
couse (o), stoting lying couse lost	the under-	-	onic alc	eholi	5M			1388			
PART II. O' PART II. O' PART III. O' OR CONTRIBUTION OR CONTRIBUTION UR EITHER, NOTIF	THER SIGNIFICANT CO	NDITIONS CON	TRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TERM	MINAL DISEA	se condition gi	VEN IN PART	PER	AS AUTOPSY REFORMED?	
	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	1	BE HOW INJURY C	CCURRED.	(Enter noture of injury in	Port I or Po	ort II of item 1B.)				
20c. TIME OF INJU Hour o. m. p. m.	19	While of work	RY OCCURRED Not while of work	foctor	E OF INJURY (Home, for ry, street, office bldg., e	tc.)			ounty)	(Stote)	
21. I certify th	at (I) (this haspita	ol) attended oct. 29	the deceased	fram	ept. 30		Oct. 29) (we) last ed abave.	
	dgars M.	maine	any	M.I		MED. DIRECTOR X	STAFF PHYS.			226. DATE 10-29-	
22c. PHYSICIAN'S NAME (Type)	dgars M. M	faculan	s, M.D.		Henryton	Stat	e Hospit	cal, H	enryt	on, Md	
23g BURIAL CREMATI	ON, 23b. DATE THERE	OF 12	36 NAME OF CEN	ETERY OR	CREMATORY	23d. LOCA	ATION (City, town,	or county)	11 (5	Stote)	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 of the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. TO HOSPIT VR A15 (4) 15M 9/59

ined by the haspital ar attending physician.

after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11260

	263	CERTIFICA	ALE OF DEA	AIH		-	1.000
1. PLACE OF DEATH o. COUNTY	rroll	MARYLAND	- CTATE	ICE (Where decease aryland	d lived. If instituti b. COUNTY		efare admission)
RURAL and give i	If autside corporate limits, write eorest town) Cesville	1 yr. 16 days		VN (If outside corpo	orate limits, write R	URAL and give I	nearest town)
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, give street pringfield Sta	oddress) te Hospital	d. STREET ADD 2215 Ch	ress n a ptank C	ourt		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Annie (Anna)	Middle	Willia Willia	A. DATE OF DEATH	Mor 1		10 19 60
female	6. COLOR OR RACE 7. MAR WIDOW		9/15/72		9. AGE (In years last birthday) yrs.	Months Doy	s Hours Min.
10a. USUAL OCCUPATI during most of wa Packing	ON (Give kind af work done 10b king life, even if retired) house	KIND OF BUSINESS OR IND		E (State or foreign o	country)	12.CITIZEN USA	OF WHAT COUNTR
13. FATHER'S NAME George V	Veidinger		14. MOTHER'S MA	egunde	(unknown	.)	
1S. WAS DECEASED EV Yes, no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		INFORMANT pringfield	Hosp. re	Add cords		lle, Md.
	ATH [Enter only one cause per I ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ine for (a), (b), and (c).]	ailure			0	Years Years
Conditions, if gave rise to cause (a), stating lying couse last	the under- (c) B:	neumatic heart ronchopneumoni	a				One day
O QUALITYII 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	HER SIGNIFICANT CONDITIONS Brain Syndrome a ng phrase in a c as underlying a S a Cause of Death MEDICAL EXAMINER	CONTRIBUTING TO DEATH BUSSOCIATED WITE CONGENITAL MIC SCRIBE HOW INJURY OCCURRED	rocebuaric	mental o	erective.	VEN IN PART 1(o) 19. WAS AUTOP: PERFORMED? YES NO [
20c. TIME OF INJU Havr a. m. p. m.	RY Month, Day, Year 20d. While of wo	Not while f	PLACE OF INJURY (Hor actary, street, office bl	me, farm, 20f. (Cit dg., etc.)	y or town)	(Coun	ty) (Sto
21. I certify th	at 🗷 (this haspital) attended	ded the deceosed fram 1960 , and that	9/24 death occurred of	1959 .ta ot8:30M, from	10/10 the couses or	, 19 <u>60,</u> nd on the do	that (# (we) la
22o. SIGNATURE	Riter S.	flatin		MED. DIRECTOR			22b. DATE 10/11/
22c. PHYSICIAN'S NAME (Type)	Rita S. Gla	hn, M. D.	22d. ADDRESS		ield Stat lle, Mary		tal
23a. BURIAL, CREMATI	23b. DATE THEREOF	Parkwood Ce			Taylor		(Stote)
24. FUNERAL DIRECTOR Wm. Cook, I	r's SIGNATURE nc., 1217 St. H	ADDRESS Paul Street	25	OCT 1 3 '6		STRAR'S SIGNATION & Kra	

TO HOSPITATION OR ATTENDING PHYSICIAN: The law requires that the death certificate be may be a fined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician are page 3 shauld be detached for use as the burial-transit permit. Then please remave carbothe state Baard of Health priar to burial, cremation, or remayal, and in any event, within 72 VR A15 (4) 15M 9/S9

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RYLAND STATE DEPARTMENT OF HEALTH Division of of atistical research and records, 301 W. Preston Street, Baltimore 1, Maryland MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) delay is necessary, runeral director. Page ined for your files. e. COUNTY b. COUNTY e. STATE c. CITY OR TOWN (If outside corporate limits, write RURAL and give MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give peerest town) WEST/ . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) ON A FARM? funeral be retained State YES NO Z NAME OF 4. DATE Middle Yeer in pencil in Item 18. Give Pages 1, 2, and 3 to the 1 Office along with form PM3. Page 5 may be reta Office along with form PM3. Page 5 may be reta burial-transit permit. File pages 1 and 2 with the 5 moval, and in any event within 72 hours after decents. DECEASED OF (Type or print) DEATH 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED WEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) Months WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service) JON This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO removal Conditions, if any, which (b) geve rise to immediate cause "pending" Medical Examiner's should be used as a DUE TO (a), steting the underlying 5 cause lost. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY CERTIFICATION PERFORMED? secute the certificate, writing the word NO NO 20e. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: forwarded to the Chief Me L DIRECTOR: Page 3 sho sted agent, prior to burial, CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While et work at work 19 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry bo and in my opinion death resulted from: / Natural causes Accident Suicide Homicide V Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION (Stete) its Ä REMOVAL (Specify) BURIAL FUNERAL, DIRECTOR 6 40 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 DATE MOT

AND AND THE PARTY ASSESSMENT AND THE PROPERTY OF A PROPERTY OF A PROPERTY OF A PARTY OF PETATO BE STADRITHED ESPERANCE TRANSPORTE BANKET